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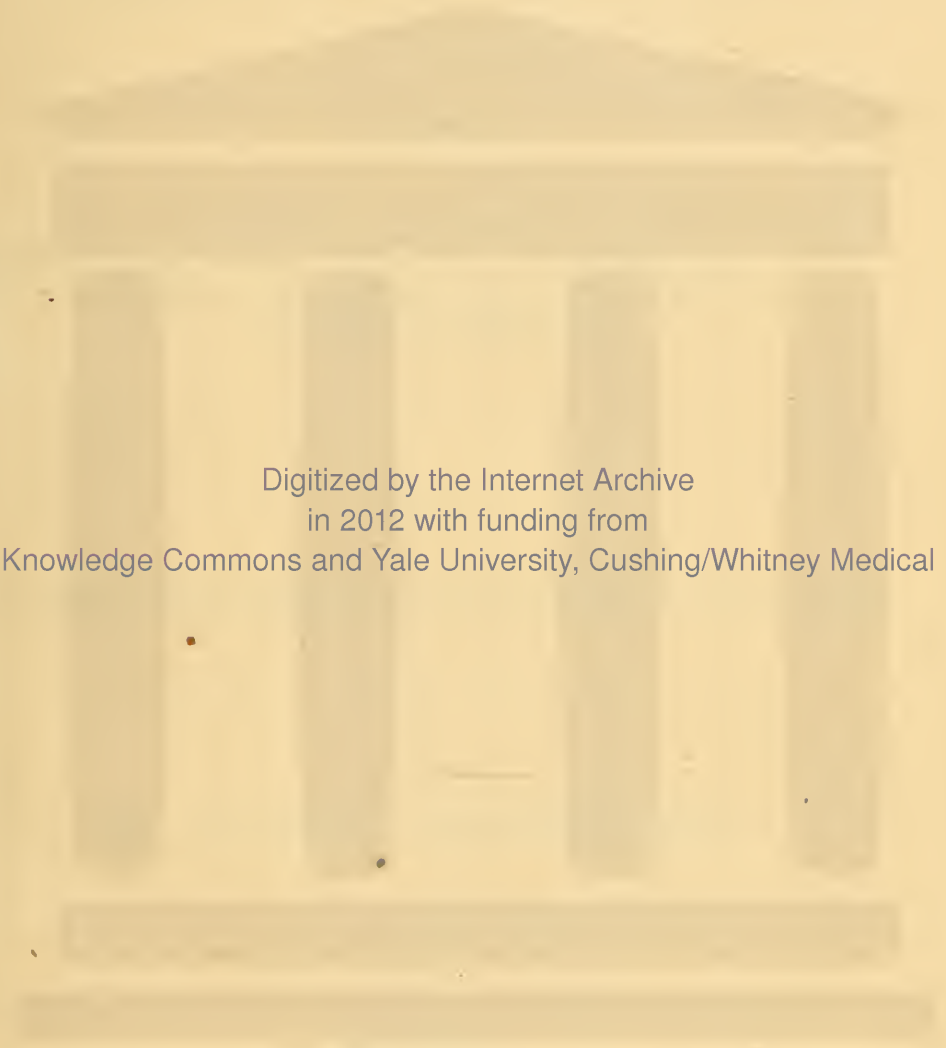

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A TREATISE

ON

DISEASES OF THE EYES,

INCLUDING

DISEASES OF THE EYELIDS, INFLAMMATIONS OF THE CONJUNCTIVA, SCLEROTICA, AND CORNEA; ALSO, CATARRHAL, RHEUMATIC, SCROFULOUS, AND PURULENT OPHTHALMIA.

BASED ON

THEODORE J. RÜCKERT'S CLINICAL EXPERIENCE IN HOMŒOPATHY.

BY JOHN C. PETERS, M.D.

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TO R. E. DUDGEON, M.D.,

Lecturer on Theory and Practice in the Hahnemann Hospital School of Homœopathy; Physician to the Hahnemann Hospital, (London;) Editor of the British Journal of Homœopathy; Editor and Translator of Hahnemann's Organon, and Lesser Writings, etc., etc.:

Dear Sir:

Although personally a stranger to you, I venture to dedicate this little volume to you, on account of your numerous and valuable contributions to the cause of scientific medicine, but especially for your labors in the cause of Ophthalmic Medicine. Yours very truly,

J. C. PETERS.

AMERICAN EDITOR'S PREFACE.

I DO not claim the possession of any extraordinary amount of knowledge of diseases of the eye, sufficient to warrant me in thrusting an original book upon the public. Hence the major part of my portion of the present work is merely compiled and collated from other sources, such as HAYNES WALTON, TYRREL, MACKENZIE, LAWRENCE, DUDGEON, HARTMANN, K. MULLER, and others. I only claim, from knowledge gained from the Cliniques of JÜNGKEN of Berlin, and JALGER of Vienna, the New-York Eye and Ear Infirmary, from dispensary, asylum, and private practice, and from study, to be in possession of sufficient knowledge to make my selections practically useful.

It is impossible to withhold admiration for the careful manner in which RÜCKERT and DUDGEON have conducted their laborious compilations, or to regret that one or the other did not attempt to furnish a complete treatise on Diseases of the Eye.

From the Reports of the New-York Dispensary, General Hospital, Protestant Half-Orphan, and Home for the Friendless, we learn that

Of 22 cases of blindness, 8 were relieved, none cured, and rest not known.

Of 265 cases of acute and chronic ophthalmia, 166 were cured, 20 relieved, rest not reported.

Of 621 cases of scrofulous and catarrhal ophthalmia, 538 were cured, 56 relieved, rest not known.

Of 11 cases of cataract, 2 were cured, and 5 relieved.

Of 14 cases of opacity of the cornea, 9 cured, 3 relieved.

Of 40 cases of purulent ophthalmia, 34 cured, 4 relieved.

In the present Treatise, 106 successful cases of simple inflammation of the eye are given.

15	successful	cases	of rheumatic ophthalmia.
133	"	"	scrofulous "
11	"	"	catarrhal "
40	"	"	purulent "
15	"	"	iritis.
12	"	"	hypopion.
11	"	"	chemosis.
2	"	"	ophthalmia of new-born children.
6	"	"	fistula lachrymalis.

J. C. PETERS.

742 *Broadway, New-York.*

ON

DISEASES OF THE EYE

AND

ITS APPENDAGES.

DISEASES OF THE EXTERNAL SURFACE OF THE EYELIDS.

INJURIES.

1. *Bruises of the Eyelids.*

In whatever way "black eyes" are produced, every body is generally anxious to get rid of them as soon as possible. Old School writers, such as Lawrence and Walton Haynes, question whether any of the ordinary allopathic means are of service in hastening the absorption of the effused blood, and the removal of the marks. Haynes thinks that gentle friction is the only means of hastening the natural process of absorption. He says that there does not appear to be any satisfactory evidence that *cold* applications are useful in promoting absorption—on the contrary, he would rather expect them to retard this process; but they may be useful if the extravasation be increasing in consequence of oozing of blood from some of the injured blood-vessels. The English prize-fighters, according to Tyrrel, have much faith in a poultice made with the root of the Black bryony, finely scraped, after the bark is removed, and mixed with crumbs of bread; to be enclosed in a muslin bag and renewed every 6 or 8 hours, until all traces of injury are removed, which will often take place in 48 hours, even when the discoloration is considerable. Hays has known

common tallow, thickly applied, used with apparently the desired result.

The Homœopathic treatment is doubtless far more successful; in all ordinary cases the internal and external use of *Arnica* will probably suffice: 15 to 20 drops of the tincture may be put in a tea-cup half or quite full of water, and cloths wet with this solution frequently applied to the bruised part; a few drops of the tincture may also be taken at a dose internally every 2, 4, or 6 hours, according to the severity of the symptoms. If the skin is broken, Tallow, or simple Cerate, or Glycerine, or Magnesia-ointment may be applied, or *Calendula* used in the same way as above recommended for Arnica.

When the extravasation is considerable, the probability of suppuration is to be borne in mind, and all febrile threatenings attended to. HAYNES says leeches are always worse than useless; *Aconite* should be given if fever, pain, or redness set in; *Rhus*, if much œdematous swelling arise; if the bone, or periosteum about the orbit has been injured, *Symphytum* will prove the best remedy; if the blackness and blueness remain obstinately, *Conium*, internally and externally, is by far the most homœopathic remedy; finally, if a large and firm coagulum of fibrin remain, the solvents of fibrin must be used, such as *Nitrum*, Phosphor., and Hyd. pot.

2. *Burns and Scalds.*

HAYNES says that burns and scalds of the eyelids require the most careful management, as under ordinary treatment they are generally followed by distressing contractions of the lids, owing to the thinness and looseness of the skin, and the mobility of the cartilages of the lids. To prevent or lessen the suppurative stage, of all the applications which he has tried or seen used, none are equal to nicely dressed cotton wool; it is soft, light, and cleanly; when there is merely an abraded surface from loss of the cuticle, it excludes the air and soaks up any superfluous moisture; if suppuration sets in, it absorbs the excess of fluid, and leaves enough for the purpose of sufficient moisture; with it the sore does not grow flabby and indolent, requiring stimulants, as so frequently happens with cold-water dressings, and the granulations are kept in a condition that prevents all necessity for caustic applications.

He has frequently seen sores that have resisted all other applications heal under this, the simplest of all means; the changing of the dressing is readily effected, as any portion adhering to the edges, or to the sound skin, needs only be wetted, while that over the raw surface will always separate readily when surcharged with moisture.

No ordinary mode of treatment will prevent subsequent contraction and deformity of the lids, if much of the true skin, or cutis vera be damaged, or destroyed. But it is all-important to check the period of suppuration. Professor MILLER, of Edinburgh, has used successfully a thick, semi-fluid, watery solution of Gum Tragacanth. He lays it on gently and uniformly over the raw surface, and reäpplies it, if any part becomes imperfect; this material being transparent, permits complete watching and observation of the injured part without removing the dressing; as the sore improves, gold-beater's skin is a useful application. The application of a thick emulsion of white Castile soap, sweet oil and lime-water, &c., sometimes proves too irritating; then a weak magnesia ointment, prepared from the best Henry's magnesia, or an emulsion of gum Arabic and milk, or gum Arabic and almond oil, or sweet oil, may be used. *Rhus*, *Cantharides*, and *Urtica urens* are recommended as the most homœopathic remedies in the first or acute stage, but only about one fourth of the quantities recommended for Arnica should be used.

CASE 1. Dr. DUDGEON says that Aconite is also useful in the inflammation produced by the action of acrid substances in the eye, by wounds, and by burns. A striking instance of ophthalmia from the last-named cause, cured by Aconite, is recorded in the *Allopathic Bulletin Medical*, Belge, (Aug. 1840,) by Dr. BROW. It was a case in which the eye and face had been scalded by hot butter; the lids were red and swollen; the cornea had lost its brilliancy and was covered with a whitish film; the conjunctiva was inflamed, and intolerance of light, excessively violent pains in the eye, and vesicles on several parts of the face were present.

Treatment and Result.—Compresses moistened with a solution of 8 drops of tinct. Aconite in 8 ounces of water were laid over the eye and face, and some of the solution was occasionally

dropped into the eye. Alleviation of pain and quiet sleep soon followed, and on the fifth day the cure was complete.

CASE 2. In a case where the eye was burned with a candle, the inflammation yielded speedily to the internal use of *Acon.* 3.—*Brit. Journ. Hom.* Vol. 6, pp. 214. Dr. DUDGEON.

If the edges of the lids have been burned or scalded, especial care must be used to prevent them from uniting; this may always be prevented if the corners have escaped injury. The careful application of gold-beater's skin, or touching the raw surfaces with collodion, after they have been well dried, are thought by HAYES to be superior to all other methods, although a slight depression of the lower lid and elevation of the upper lid, by means of strips of adhesive plaster, so that the edges may always be kept some little distance apart, would doubtless be a valuable adjunct.

3. *Wounds of the Eyelids.*

Of course it is all-important to bring together the edges of a wound of the eyelid or eyebrow very accurately, and to attend to the prevention of inflammation in order to attain that speedy and perfect union which is the best security against subsequent deformity. Accurate union can scarcely be accomplished by means of adhesive plaster; at all events, sutures answer the purpose much better. Small, thin, sharp, almost homœopathic needles should be used with single silk threads, and as many sutures should be placed as may be necessary to unite and keep the divided parts in their proper relation to each other. Soft linen rags, or lint dipped in *Arnica*, or *Calendula-water*, may be applied frequently. Plasters, compresses, and bandages are generally not only useless, but injurious. The threads may be cut out in 12, 18, or 24 hours, for in that space of time the edges of the wound will have become agglutinated either by coagulated blood or coagulable lymph, so as to remain permanently in their proper apposition; by this early removal of the threads we avoid all inflammatory irritation from them, as this does not come on in so short a time.—LAWRENCE.

If no undue inflammation supervene, wounds of the eyebrow and lids generally heal readily; even when lacerated or

contused, but little suppuration may take place, and but a slight scar be left, without injury to the eyelid. Still the least neglect may allow the edges of the lids and lashes to be turned in against the eyeball, causing great irritation followed by destructive inflammation of the eyeball, (*entropium;*) or, if the cicatrix be allowed to contract too much, the lids may be turned up, or over from the eye, (*ectropium.*) In wounds of the upper eyelid the levator muscle of the lid may be divided, and falling-down of the lid, or *ptosis,* occasioned. From relying upon strips of adhesive plaster in place of sutures, or from other neglect, fissures of the eyelid, like a button-hole or hare-lip, have been met with, the edges of the wound not having been kept close together, but allowed to cicatrize separately, forming the so-called *coloboma* of the lids. When the eyelid is entirely cut or torn through, the ball of the eye may be injured or irritated, and growing together of the eyelid and eyeball take place, unless the possibility of this is constantly kept in mind, and care taken to prevent it.

It is well known that weakness of sight and blindness have occurred in consequence of wounds of the eyebrows; this will be fully treated of under the head of Amaurosis.

INFLAMMATIONS OF THE EXTERNAL SURFACE OF THE EYELIDS.

BLEPHARITIS.

These are most common in children, and in the upper lid; when the cellular tissue is involved and suppuration occurs, which it is very apt to do, the only point which it is very important to attend to, is to limit the extent of suppuration as much as possible; if medical treatment does not do this, it is all-important to open the abscess as early as possible, because if the skin of the lids be allowed to become detached from the subjacent parts by a large collection of matter, the consolidation of the abscess will produce such contraction of the lid that it will no longer be able to cover the eyeball, and *Lagophthalmus,* or a constant open state of the eyelids will be produced, exposing the eye to the frequent entrance of foreign particles and other causes of irritation; in more favorable cases a turning

over of the lid, or so-called eversion, or *Ectropium*, will ensue. LAWRENCE has seen at least half a dozen instances in which distressing deformity has resulted from this cause. In scrofulous inflammation of the cellular tissue of the lids the physician should be particularly on his guard, because the matter extends laterally, and has but little disposition to approach the surface. The opening should be made parallel to the natural folds or wrinkles in the skin of the lids, as the scar will then be hardly perceptible, appearing like one of the ordinary transverse folds of the skin. HAYES relates a case in which an inflammatory abscess of the upper lid was mistaken for severe purulent ophthalmia with excessive secondary swelling of the lid, that part being of a dark red color, greatly swollen, hot and painful; the edges of the lids being encrusted with matter, and the patient unable to separate them to the smallest extent; the whole presenting a sufficient resemblance to purulent ophthalmia to mislead an ignorant, or careless practitioner.

In the lower lid, it is not uncommon to meet with a small circumscribed abscess immediately over the lachrymal sac, which might readily be mistaken for disease of the sac itself; for the swelling, either by its pressure on the sac, or by displacing the inferior punctum lachrymale and interrupting the course of the secretions of the eye from the nose, occasions a watery condition of the eye, (*epiphora*,) and a dryness of the nostril of the same side.

Chronic abscess of the upper lid is also very apt to be overlooked; the pain is trifling, the lid is tumefied and œdematous, but the skin does not appear tense and shining, and in fact, as TYRRELL says, the whole feels like a dropsical swelling when the cellular membrane is not fully distended.

Treatment.—In the early stages of acute abscess, *Aconite* and *Belladonna* will be required in alternation, aided by an occasional dose of *Mercurius;* when matter has formed it should be let out at once, and *Hepar. sulph.* and *Silex* given in alternation; if there be much inflammatory suppuration, *Tartar emetic* is the best remedy; in chronic abscess, *Hepar. sulphur* may be relied upon in alternation with *China,* if there be a feeble state of the system. In erysipelatous inflammation of the lids, *Aconite* and *Rhus*, or *Cantharides*, *Mezereum*, or *Euphorbium* will be required. *Crocus* has been recommended homœopathically

after surgical operations upon the eyes and lids, especially when throbbing and itching pains are present; it has also been used in traumatic ophthalmia with good effect.

ATTOMYR recommends quite a number of remedies in *Blepharitis*, or in inflammation of the outside of eyelids, viz: Aconite, Bryon, Calc., Euphorbium, Graphit., Hepar. s., Kali., Lycopod., Magnesia, Mercurius, Natrum, Phosphor, Rhus, Senega, Sepia, and Sulphur.—Aconite, Bryon., Euphorbium, Kali, Mercurius, Phosphor, Rhus and Senega doubtless being most homœopathic to quite acute attacks; Graphite, Hepar s., Sepia and Sulphur being most suited to the intractable sub-acute and irritable varieties; while Calcarea, Lycopod., Magnesia, and Natrum are best suited to slight and sluggish attacks. *Aconite* is thought to be most useful in acute inflammation of the right *upper* lid, with red, hard swelling; *Hepar* in sub-acute inflammation of the *upper* lids, with redness and swelling; *Kali*, when there is great swelling of the right *upper* lid, especially toward the nose; *Natrum*, when there is swelling of the *upper* lids without much pain, or redness; *Bryonia*, when there is redness, swelling, and acute inflammation of the *lower* lids; *Calcarea*, when there is sub-acute inflammation and swelling, especially of the *left lower* lid; *Graphite*, when there is redness and painful sub-acute inflammation of the *lower* lids and internal angles of the eyes; *Magnesia*, when there is a torpid and chronic inflammation and swelling of the *lower* lids, with redness of the angles of the eyes; *Mercurius*, when there is acute disease, with great swelling and burning pains, especially in the *left lower* lid; *Phosphor*, when there is acute inflammation and swelling of the *lower* lids; *Euphorbium*, when there is severe inflammation of *both* lids, with violent itching and irritation, but with a rather pale swelling, and profuse secretion of pus from the edges; *Lycopodium*, when there is chronic inflammation of *both* lids, with swelling, pain, and much secretion; *Mercurius*, when there is violent inflammation of the upper and lower lids, with burning pains, profuse secretion of tears, and matter; *Rhus*, when there is the most violent inflammation of *both* upper and lower lids; *Senega*, when there is swelling, burning and aching of the eyelids, without very great redness, especially when the upper and lower lids of the *right* eye are principally affected; *Sepia*, when there is sub-

acute inflammation, with much swelling and some redness of both upper and lower lids; *Sulphur*, when there is a sub-acute, but painful and irritable inflammation of both lids.—(*See Primordien eine Naturgeschichte der Krankheiten. Vol.* 2. *pp.* 90 *to* 105.

Secondary Inflammations of the Lids.

Lawrence says that the eyelids are often involved in external inflammation of the ball of the eye; that is, in common, catarrhal, purulent, and scrofulous ophthalmia. We do not see a severe case of these affections, particularly of the first three, without more or less inflammation of the lids; hence, from the condition of the lids we may derive considerable information respecting the state of the eye, when we cannot actually see the latter. This influence, Lawrence says, is not reciprocal; the more important organ, the eye itself, reäcts upon the subordinate parts, viz., the lids; but the latter do not act upon it. The conjunctiva is only a little reddened in erysipelatous inflammation of the lids, although they are often enormously swollen and bright red, with the cellular tissue in a state of purulent infiltration, and mortification. The same observation holds good in most cases of variolous and traumatic inflammations of the lids. But in internal ophthalmia, the lids do not often become secondarily involved, that is, if the disease is confined to the internal tunics.—Lawrence.

Too much confidence must not be placed in these assertions; in a case of true erysipelas—still under treatment—about the right forehead, temple, and right lids, attended with vesication, rapid formation of almost gangrenous sloughs upon the temple, forehead, and upper eyelid; also with excessive œdematous swelling of both upper and lower right lids, with entire closure of the right eye and partial closure of the left from the excessive swelling, I found the conjunctiva not only greatly swollen and œdematous, but the cornea became dim, the pupil contracted and irregular, with a hazy or smoky appearance of the eye, and discoloration of the iris, evidently proving that the external inflammation had extended as far as the iris, causing erysipelatous inflammation of the conjunctiva, cornea, and iris.

Dropsical Swelling of the Lids. (*Œdema.*)

The lids are swollen and dropsical in Bright's disease of the kidneys, and in general dropsy, and in anasarca of the face.

Treatment.—Arsenicum, Marsh marigold, and Merc. corrosiv. If the swelling be so great as to close the lids, the watery fluid should be let out by puncture.

Inflammatory œdema of the lids occurs sometimes from trivial causes, such as the irritation of styes, bites or stings of insects, or leeches; the lids are often enormously swollen in inflammation of the lachrymal sac; the eyes are often closed in erysipelas. But these inflammatory œdemata of course generally subside without much harm when the disease which caused it is subdued.

Treatment.—If the ball of the eye become at all involved, punctures and scarifications of the outside of the lids are extremely important, in order to reduce the swelling which is pressing upon the eye, as rapidly as possible. Rhus, Cantharides, Apis mell., Mezereum, Urtica urens, all deserve attention.

CASE 4. A child, aged 2½ years, had suffered for 2 days with redness of both eyes, lachrymation, and nocturnal agglutination; he rubbed his eyes very much, was restless and sleepless; finally, the whole neighborhood of the right eye became œdematous, involving the orbit, cheek-bones, and wing of the nose.

Treatment.—Rhus 30, removed the whole affection in 2 days. —*Annals.* Vol. 1. p. 203. Buschk.

CASE 5. A man who worked much by artificial light, and who had long been troubled with styes, first on one lid, then on another, was suddenly attacked with burning pains in both eyes, and dimness of sight, followed by an œdematous swelling of the lids of the left eye, extending over the neighboring parts, and preventing the opening of the eyes. The glands about the neck and ear of the same side were swollen, red and painful.

Treatment.—One dose, each, of Rhus 12 and 18, and of Pulsat 12, removed the whole disorder in 10 days.—*Genl. Hom. Jour.* Vol. 12, p. 22. Dr. Hartmann.

Emphysema of the Lids.

This may arise from injury of the lachrymal sac, or from fracture of the bones of the nose, or nasal sinuses near the orbit. It is generally not extensive, and soon disappears.

INFLAMMATION OF THE EDGES OF THE LIDS.

THIS disorder has received many long names, such as *Ophthalmia Tarsi*, *Psor-opthalmia*, *Lippitudo*, *Tinea Ciliaris*, *Blear Eyes*, *&c.*

According to LAWRENCE, in acute and simple *Ophthalmia Tarsi*, the margin of the lids, the tarsal cartilage and glands, and the adjoining mucous membrane of the internal surface of the lids are involved. The edge and neighboring part of the lid are swelled, bright red, and painful; the mucous membrane under the lid is of a scarlet color and villous; motion of the lids causes an acute pricking pain, with feeling as if there was sand in the eye and grit on the edges of the lids; there is a watery condition of the eye, intolerance of light, and more or less feverishness. The roots of the eyelashes are dry and stiff at first, then become moistened by increased secretion, and finally become more or less stuck together every night. The Meibomian glands soon participate in the affection, which originally begins on the margin of the eyelids, in the thin and delicate skin in which the eyelashes are placed, and upon which the duct of the Meibomian glands open; these glands are situated so near the primitive seat of the disorder, that they soon become involved by contiguous sympathy; they no longer pour out the mild unctuous matter which is destined to lubricate and soften the edges of the lids, but their secretion is suspended, so that in the morning the edges of the lids are stuck together by the increased conjunctival discharge, which has become incrusted by the evaporation of its watery parts during the night. In this way the lids are often so firmly agglutinated together every morning as to require a tedious process of softening and bathing with warm liquid applications before they can be parted. Finally, when the secretion from the Meibomian glands is re-

newed, it is altered in quality, being thick and viscid, and very apt to accumulate in hard lumps or masses at the roots of the eyelashes. Some of these morbid secretions of course get into the eye itself, spread over the cornea and irritate its surface, rendering it dull and turbid, impairing the vision, and causing various ocular delusions, such as rings or haloes around the candle, or its flame seems split into stars.

So many tissues are involved in this disorder, viz., the root of the eyelashes, the edges of the lids, the Meibomian glands, and the conjunctiva of the lids, that the disorder is apt to prove obstinate, as the cure depends very much upon an accurate selection of the few remedies which act upon all these parts, or upon an adroit alternation of those which act specifically upon the Meibomian glands, with those which act more particularly upon the edges and conjunctiva of the lids. When the patient is scrofulous, or cachectic, or careless, of course the disorder becomes still more intractable.

The name of *Tinea ciliaris* is given when pustules like those of *Tinea capitis* form on the edges of the lids, especially about the roots of the lashes; these break and pour out a yellowish matter, concreting with more or less firm, yellowish, or yellowish-brown scabs, which mat the eyelashes together, and sometimes adhere very closely to the surface of the lids. As this affection is seated along the roots of the eyelashes, it affects their growth, altering their form and direction; the ulcerations may finally extend deeper and deeper, and at last destroy the roots or bulbs of the eyelashes, which come away with the scabs.—Lawrence.

A still more obstinate and intractable variety of the disease has received the name of *Psorophthalmia*, on account of the severe irritation and itching which attends it, and from the supposition that the vesicles or pustules are true itch-pustules.

Blear-eye and Lippitudo are other names given to some stages or peculiarities of chronic inflammation of the edges of the lids, especially when the free margin of the lid becomes thickened and the regularity of the eyelashes disturbed; for instead of having a uniform direction, some of the lashes become directed upwards, others downwards, or in various irregular positions. The collection of coagulated secretion about the roots of the lashes becomes more abundant, and when taken away,

extensive ulceration around the hairs will often be found. These ulcers gradually spread, and at length communicate together, so that the margin of the lid presents a continuous raw surface; at the same time the ulceration extends in depth so as to destroy the follicles from which the lashes grow; then the lashes fall out, and are not again reproduced. The destruction of all the lashes subjects the patient to constant attacks of inflammation, excited by the lodgment of particles of dust, &c., upon the globe of the eye, which else had been warded off by the lashes in the process of involuntary winking. The edges of the lids finally exhibit a thickened, florid and excoriated condition, constituting true *Lippitudo*.—TYRREL.

Treatment.—A very large portion of the treatment falls to the share of the patient, or his attendants. The lids if possible, should always be prevented from becoming agglutinated at night; or, if this cannot be accomplished, they never should be separated in the morning until the matter by which they are glued together has been completely softened. By forcing the lids roughly open the irritation is kept up, and the discharge daily aggravated; tepid milk and water should be used, or the agglutinated eyelashes should be smeared for some five minutes with warm milk, in which a bit of fresh butter, i. e., without salt, has been melted; then, a soft sponge wrung out in warm water should be held to the lids, and finally the softened crusts carefully removed. At night, the edges of the lids should be touched with Glycerine, or perfectly fresh Simple Cerate.

The edges of the lids should be examined carefully by the physician, every few days, with a magnifying-glass, and all the inverted lashes carefully pulled out, for these hairs are a source of great irritation to the eye, and will speedily induce inflammation and opacity of the cornea. This process also enables the oculist to get at the excoriations and small ulcerations, and apply the specific remedies directly to them.

From Dr. HEMPELL'S New Repertory to Jahr's Manual, page 241, we learn that *Borax* is homœopathic when the eyes become closed at night with a hard, dry gum, which irritates the eyes like sand; *Alumina*, when there is a profuse secretion of mucus, especially at night, with dry eye-gum in the morning; *Argentum nitricum*, when the eyes are filled with mucus, and

closed with crust of dry gum, which has to be soaked before it can be removed, or the eyes opened; Muriate of Ammonia, Nitrate of potash, and Carbo animalis also deserve attention. On page 271, we find that *Kreosote* is indicated against chronic swelling of the margins of the lids; *Eupatorium*, when there is redness of the margin of the lids, with glutinous secretion from the Meibomian glands; *Spigelia*, when there is inflammation of the margins of the lids, with ulceration and smarting soreness; *Mercurius*, when there is swelling and redness of the edges of the lids, with scurf and ulcerations; *Clematis*, when there is inflammation of the margin of the lids, with ulceration; *Euphrasia*, when the same state is present, with much headache.

Calcarea and *Sulphur* are homœopathic to the more obstinate and chronic cases, and we find that HAYES, of Philadelphia, recommends equal parts of rhubarb and prepared oyster-shells, every night, in sufficient doses to produce two stools daily; or equal parts of Cream of Tartar and Milk of Sulphur; and asserts, under this treatment, he has cured cases in a few weeks, which had run on for years, and in one case for 19 years.

In the Dominant School, a variety of more or less stimulating and hence homœopathic remedies are generally applied to the edges of the lids: of these, the preparations of Mercury and Silver are the most common, and, it is said, the most successful. I have seen a solution of Merc. corrosiv., 1 grain to the ounce of water, or an ointment of 1 or 2 grains to the ounce of simple Cerate, used with very great, and radically curative benefit.

Syphilitic Affections of the Eyelids.

Syphilitic ulcerations sometimes affect the eyelids, generally at their edges, but sometimes on their external or internal surface; in the one case, going on to destroy the whole thickness of the lid; in the other, producing a deep and foul ulceration. It is of course of great importance to distinguish their true nature, in order that, by the timely employment of the general treatment for Syphilis, the progress of the ulceration may be arrested. This of course will be easy for any one at all conversant with the disease or its treatment.

TURNING IN OF THE EYELASHES.

TRICHIASIS.

THIS is a growing-in of some or more of the eyelashes against the eyeball; the border of the lid remains in its proper position, which constitutes the distinction between Trichiasis and Entropium.

Distichiasis, again, is merely a variety of Trichiasis, in which the misdirected eyelashes are disposed, though not very regularly, in a row distinct from the others which remain properly directed. The faulty eyelashes in these two disorders are generally the natural hairs which have been made to take a wrong direction, in consequence of disease of the edge of the lids, cicatrices, &c. Sometimes, however, the hairs are supernumerary, and of new formation. Sometimes the misdirected eyelashes are confined to a part only of the border of the eyelid, in other cases the whole border of the eyelid is involved along its whole extent. It is not uncommon to find both Trichiasis and Distichiasis affecting the lids of both eyes. The offending eyelashes are sometimes very few in number, and so pale and fine that they very frequently escape even somewhat careful notice, and the inflammation of the eye which they occasion will be attributed to some other cause, unless a careful exploration of the state of the edges of the lids be made with a good magnifying-glass. (WHARTON JONES.) It is one of the most common affections of the eye, and although it does not rapidly destroy this organ, yet, if allowed to proceed unchecked, or if merely partially relieved, it becomes, from the constant irritation and inflammation of the eyeball which it causes, one of the most destructive diseases. It is scarcely necessary to say that Trichiasis and Distichiasis are merely varieties of the same affection; the supposed independent, or new row of lashes which has been assumed to exist in the latter, is a mere deception, arising partly from the irregular though natural manner in which the eyelashes are placed on the edges of the lids, owing to the different planes in which their follicles lie; a fact which seems to be frequently overlooked, although familiar to the earlier anatomists. In fact this so-styled Distichiasis may be artificially produced, and the permanent misdirection accur-

ately imitated in a perfectly healthy lid, by separating the inner row of eyelashes, and bending them toward the globe of the eye.—HAYNES WALTON.

It is far more important, however, to trace out the mode of origin of the disease. It may arise from the matting together of the lashes in long-continued purulent discharges from the eyes; but by far the largest number of cases arise from certain diseased changes in the lid itself, nearly all of which arise from scrofulous inflammation. The misdirection of otherwise healthy eyelashes is supposed by HAYNES nearly always to arise from unhealthy changes in the fibro-cellular tissue in which the cilia-follicles lie; thickening or other apparent disease of the lids is not a necessary accompaniment, although it may be and often is superadded. When the eyelashes, instead of having their natural shape and size, are also imperfectly developed, then more or less disease of the hair-follicles has been added, arising from unhealthy states of the edge of the lid.

The disorder, as before said, requires very careful examination of the edges of the lids; the eyelashes that fret the eye may be so minute as to escape even careful observation of those unaccustomed to search for them, and unfortunately, minuteness does not diminish their power of mischief. Sometimes only one or two hairs are inverted without any apparent cause, the lid and the rest of the lashes being quite natural, and in this case, the misdirected hair is almost always so slender and light-colored as to render close examination necessary to detect it. But the sensations of the patient are very accurate; the feeling of a foreign body rubbing the eye is almost always expressed; it causes, at times, merely uneasiness without inflammation; or inflammation may be caused with ulceration and opacity of the cornea, severe pain, with intolerance of light and the greatest irritability; finally, sight may be destroyed by the effects of repeated attacks of acute inflammation of the cornea, but even then the patient's sufferings are not at an end, for pain will be excited as often as he moves his eye, until all the offending lashes have been extracted.

Treatment. When the irritation is caused by well-formed but inverted eyelashes proceeding from a healthy lid, they may be pulled out with advantage, because although the lashes soon grow again there may not be a return of the inversion, and

even if the hairs so pulled out show a tendency to become distorted to a like degree, their injurious effect can be anticipated, and the process of extraction repeated, again and again, with advantage. But when the pulling out of the offending lashes is followed, as it often is, by an increase of inverted or abortive lashes, then the use of the Cilia forceps has reached its limit and should be discontinued. The length of time, or the frequency with which this will become necessary, depends very much upon the manner in which the lashes have been extracted, and the general care which the patient takes of his eyes, diet and general health, and the judicious use of specific remedies against the disease of the lids, hair-follicles, &c. The majority of the finest eyelashes are not pulled out, but are merely broken off, because they are generally carelessly pulled at with a jerk, and the short portion left irritates like a short bristle. The patient should present himself weekly; a magnifying-glass should be used, and if the hairs be very fine and pale, some black extract like Belladonna may be applied to the edge of the lid which if rightly used will blacken even the finest lashes so as to render them quite visible; then forceps without teeth should be employed, the holding part being merely rough-polished, so as not to cut or break off the hairs, and they should be held close up to their points. When the eyelashes are exquisitely fine and slip through even the best-made forceps, HAYS has found it an infallible plan to damp their points with a saturated solution of Shellac in alcohol, and to grasp the hairs for a moment or two before pulling them. Finally, the eyelash should be grasped near its root and slowly drawn out in a straight line, by which means it will generally be drawn out by its root. Unless all these precautions are used, there cannot be a doubt that the frequent pulling out of the lashes is very hurtful to the hair-follicles, renders the direction of them more perverse, tends to irritate the lids and involve the contiguous follicles, and so to multiply the trichiasis.

In some obstinate cases the careful application of some depilatory to each offending follicle may be resorted to.

But, besides these palliative means, the judicious use of remedies which act specifically upon the edges of the lids must be carefully followed up. (See page 12.)

Thickening and induration of the edges of the lids. (TYLOSIS.)

The edges of the lids, after long-continued slow inflammation, become thickened, indurated and knotty, especially in scrofulous subjects; they ulcerate irregularly, and incrustations form about the lashes; this swollen and knotty state of the lids, in which their margin often loses altogether its natural figure and appearance, has been technically called *tylosis.*—LAWRENCE.

All the lashes should be extracted, the crusts removed, and specific remedies applied locally and internally; especially Argent nitric, Mercurius, Kreosote, Clematis, and Euphrasia.

Loss of the Eyelashes. (PTILOSIS, MADAROSIS.)

Destruction of the hair-bulbs either by ulceration or injury causes a permanent loss of the eyelashes, which may be either partial or general. The loss is irremediable, but the effect on the personal appearance is much less than would have been expected, especially in those with light hair. In some cases the local application of Cantharides, and dilute Ung. Hydrarg. Nitrat. have ultimately restored the lashes of natural size, number and color. The homœopathic remedies for *Alopecia* may be tried, viz., *Plumbum acet.*, *Paris quad.*, *Hepar*, *Alumina*, and *Phosphor.*

INFLAMMATION OF THE ANGLES OF THE EYELIDS.

THE most important of these are the diseases of the internal angle of the lower lid, either seated in the lachrymal sac and passages, or external to these.

According to ATTOMYR, a swelling often appears at the internal angle of the eye, near the lachrymal sac; it is red, yellowish-red, or bluish-red, shining, tense, and painful; it is apt to be bean-shaped, and extend downwards and outwards over the neighboring parts of the lids and cheek. The eyelids and part of the face are apt to swell and become œdematous: very frequently the inflammatory swelling extends to the adjacent lachrymal organs, to the meibomian glands, and the

white of the eye. The lids are apt to stick together at night, the tears to run over the eyelids, and the corresponding nostril to become sensitive and dry, while sneezing is easily provoked.

As long as suppuration and ulceration do not set in, the disorder is technically called by the old-fashioned name, *Anchlyops;* when these latter do occur, it receives the equally absurd name of *Ægilops.* The disorder seems more closely allied to phlegmonous erysipelas, or to boils, or styes in its nature; at least, it usually is as obstinate and intractable in its course, and rarely ends short of suppuration. The abscess, when formed, either opens outwardly upon the cheek, or else bursts into the lachrymal sac, or progresses in both directions simultaneously.

It may be distinguished from acute inflammation of the lachrymal sac, by the much slighter degree of pain and fever with which it is accompanied. In acute *Dacryo-cystisis*, or inflammation of the sac, the local suffering and the constitutional disturbance are much more considerable than might have been expected from the small extent of the disorder; but not more than can be accounted for by the great vascularity of the tissues of the sac, and from its being surrounded by an unyielding bony receptacle.—LAWRENCE.

Treatment. According to ATTOMYR, *Belladonna*, *Mercurius*, *Natrum*, and *Petroleum* are the principal remedies. The indications for *Belladonna* are: throbbing pain in the lower eyelid, near the internal angle, with great inflammatory swelling at this point, and profuse flow of tears. Inflammation and suppuration of the left punctum-lachrymale, with burning and aching pains. Great painfulness of the internal angle of the left eye, with itching, sticking together of the lids, involuntary lachrymation, frequent sneezing, and redness of the whites of the eyes.

Mercurius is indicated when there is an inflammatory swelling near the lachrymal bone; great swelling, redness and agglutination of the lids, which are very sore to the touch; many red vessels on the white of the eye; heat and lachrymation of the eyes; watering and weeping of the eyes, frequent sneezing.

Natrum is indicated when there is violent inflammation and purulent swelling of the lachrymal sac, which bursts in about

four days; inflammatory swelling of the right upper eyelid, without redness of the white of the eye, with aching, dimness of the vision, and some hard mucus in angles of the eye; lachrymation; sticking together of the lids; unusually violent, frequent and long-continued sneezing.

Petroleum is the most homœopathic remedy when there is an inflammatory swelling in the internal angle of the eye, almost as large as a small pigeon-egg, with burning and aching pains, and lachrymation; when much water can be pressed out of the corners of the eye; and there is frequent sneezing, with drowsiness.

Among other remedies, *Argentum nitricum*, *Bryonia*, *Calcarea*, *Cinnabaris*, *Graphit*, *Sepia*, *Silex*, *Stannum*, and *Zinc* deserve attention.

Polypi and Fungi of the Angles of the Lids.

CASE 6. A child aged 1 year, had a Polypus with a neck, growing from the external angle of the right eye; it had attained the size of a sugar-plum.

Treatment. In 8 days after taking Lycop. 200, the swelling was smaller; in 14 days it had disappeared entirely.—Dr. Gross.

CASE 7. Field-Marshal Radetzky, when 70 years of age, was attacked with inflammation of the eye, followed by a swelling in the internal angle of the eye, about the size of a bean, and which soon took on the appearance of a spongy fungus.

Treatment. After the use of various homœopathic remedies this dangerous disorder gave way before the use of Thuya 30, 1 drop in 8 ounces of distilled water, a table-spoonful per dose 3 times a day, aided by the external use of Tinct. Thuya, 6 drops in 4 ounces of water, to be applied warm every 2 hours. Every 8 days the above treatment was alternated with Carb. animalis 30, in daily doses, aided by the external use of a solution of Carb. an. 12, applied to the fungus with a camel's hair pencil. The cure was rapid. *Genl. Hom. Jour.* Vol. 20, p. 165. Dr. Hartung.

HORDEOLUM, OR STYE.

STYE, as is well known, is a small inflammatory tumor at the edge of the eyelid, attended with more or less heat and pain, and going on to suppuration. It is closely allied in its nature to boils and felons, differing perhaps only in its location. It has been supposed by some, but erroneously, to be an abscess of the meibomian glands; others suppose that like a boil it is merely seated in the cellular tissue near the edge of the lid; while Dr. ZEIS has suggested that styes have their seat in the capsules, and glands of the roots of the eyelashes. In accordance with the latter supposition, Dr. ZEIS asserts that styes may be arrested at once by plucking out the eyelashes at the part affected, and WHARTON JONES says, as the lashes fall out at any rate, there can be no objection on the score of saving them; besides, they almost always grow again.

Treatment. According to LAWRENCE a stye generally goes through its regular course, under the old treatment; he thinks premature lancing is injurious, and in general it is best to leave the disorder to its natural course, probably because no specific remedies are known in his school against this trifling but annoying disorder, while leeches, purgatives, poultices, and low diet are altogether too severe for such a lilliputian disease. According to ATTOMYR, *Ferrum aceticum*, *Phosphor*, *Pulsatilla*, *Rhus*, *Sepia*, and *Staphysagria* are the principal homœopathic remedies. *Ferrum* is indicated when there is redness and swelling of the upper and lower lids, with a kind of stye filled with pus, on the upper one, while the lower is covered with purulent mucus; when the eyes are red and burning, and the eyelids stick together.

Phosphor.—When the styes are most frequent on the *lower* lid, the eyes being sensitive to light; when the whites are red, with itching, soreness, and much burning; when acrid water flows from the eyes; when the lids stick together, are hot and sore, and the internal angles are ulcerated; all attended with dimness of sight.

Pulsatilla has been recommended by KNORRE against styes, from personal experience. GROSS thinks that it will disperse

them in two or three days, although *Sulphur* will have to be given afterwards, if there is a chronic disposition to relapses. LOBETHAL also speaks highly of it. It is most indicated when the styes are attended with inflammation of the whites of the eyes, with sores of the corners of the lids, and of the nostrils; when the eyes water, and stick together.

Rhus is recommended when there are large, red swellings, like styes, on the left lower lid, near the angle of the eye, with aching pains, and lasting for six days; when the eyes are red, and stuck together with matter in the morning, and there is much purulent mucus about the lids.

Sepia is one of the best remedies when the styes are extremely slow in suppurating, and have an obstinate and chronic predisposition to return again and again. VEHSEMEYER cured a boy, aged twelve, who had been troubled with a hard tumor, of the size of a small pea, on the lower lid, remaining after a stye, which he had had two years before; it was attached to the tarsus, and obstructed the motion of the lids. He received *Sepia* 30, one dose every eight days; after the second dose, pain, inflammation, and suppuration set in, in the indurated spot, which broke after the third dose, and he remained perfectly cured.

Sulphur is also almost indispensable in chronic cases, especially when there is much swelling of the lid, with redness, burning pain, and hard matter between the lashes; when the eyes are sensitive to light, and the lids are apt to stick together.

Staphysagria has been recommended by HERING when styes recur frequently on the lids, or leave indurated spots behind them, or when they do not gather and break, but become indurated, especially when the lids are apt to glue together, with biting and burning pains in the corners, and much dry matter collects between the lashes.

CASE 8.—TIETZE cured a man, aged 44, who had frequently suffered with inflammations of the eye, and who had been for nine weeks in the following state:

Symptoms.—Both eyelids of the right eye were somewhat swollen, and bluish-red; the whites of the eye were red and injected, especially at the internal angle; both eyelids were covered with styes in their first stage; at night the lids were

stuck together by hard, yellow scabs; he complained of aching pains when the eye was uncovered, and often had burning in the lids. His pulse was hard and frequent, and he was costive.

Treatment.—*Staphysagria* 15, 3 doses, one drop per dose, cured him entirely.—*Archiv.* Vol. 19, part 3, p. 170.

In ordinary homœopathic treatment, *Pulsatilla* is recommended as the first remedy to be used; while *Merc.* and *Hepar* are to be relied upon when suppuration has set in. HARTLAUB has recommended *Alumina* when there is predisposition to the frequent recurrence of styes on the upper lid; *Colocynth* proved homœopathic to a stye on the left eye; *Mercurius* to styes on the upper eyelid, when this was thick, swollen, and red; *Natrum mur.* to a large stye on the internal angle of the right eye; *Senega* to styes on the edge of the right lower lid. *Thuya* cured a chronic case, in a woman who had suffered so long and frequently, and had received so little benefit from allopathic treatment, that extirpation of the edge of the lids was thought of; it was used both internally and externally.

Inflammation and Abscess of the Meibomian Glands.

The appearance of this disease on the external surface of the lid resembles that of stye very decidedly; but it is of much rarer occurrence, and its nature will at once be recognized on everting the lid, when the affected gland, or glands, will be seen distended with yellow matter, extending on the under surface of the lids, from their edges some little distance towards the attachments of the lids to the orbits.

Treatment.—When ripe, the turgid gland may be opened, and the matter be evacuated by a touch of the lancet. According to ATTOMYR, *Colchicum* has been found homœopathic to inflammation and ulceration of the Meibomian glands of the lower lid of the left eye, with swelling of the lids, and great irritation of the nerves of the eye; *Digitalis*, in simple inflammation of these glands; *Indigo*, when the inflammation of the Meibomian glands of the lower lids was attended with slight headache, toothache, noises in the ears, and beating in the forehead; *Nickel*, when there is burning pain in both eyes, much watering of the eyes, and decided swelling of these glands.

Enlargement of the Meibomian Glands.

According to TYRREL, we sometimes meet with an irritation of the eye, as if some foreign substance were in it, between the lid and the ball of the eye; on everting the lid, a small tumor may be found of a deep red color, and having a close resemblance to a small cluster of healthy granulations, only being more firm to the touch; the white of the eye is usually a little inflamed, and sometimes a considerable degree of ophthalmia will be present. This disease differs from stye, in being seated on the inner surface of the lid, and more frequently on the lower lid, while styes are most common on the upper lid, and always on the outside of any of the lids.

Treatment.—*Thuya*, *Colchicum*, *Nickel*, and other remedies are suited to this disorder.

Tumors of the Eyelid.

They are generally small, and consist of Styes, Horns, Warts, Glandiform-, Steatomatous-, Vesicular-, and Tarsal-tumors.

Styes have already been fully treated of.

Horns on the lids are said by HAYNES WALTON to consist of inspissated sebaceous matter, and owe their existence to the drying and hardening, as fast as it escapes, of the contents of encysted tumors, or of the sebaceous follicles which supply the soft material.

Treatment.—When medical treatment fails, a single stroke of the knife will be sufficient to remove a horn from the lid; the excrescence should first be pulled forwards, and the separation should be made through the skin, in order that the cyst from which it grows, may be entirely taken away, or else a return of the disease will almost surely take place. HARTMANN says he has cured them with *Antim. crud.*

Warts should, as a rule, not be excised, on account of the injury which will be inflicted upon the cartilage of the lids. *Thuya*, *Soot*, *Sabina*, *Causticum* and *Calcarea* are the principal homœopathic remedies.

Glandiform tumor is common in children, and was so named by TYRREL, from its resemblance to a salivary gland; it is frequently present on the lids and face simultaneously, and

HAYNES says it is, he believes, never solitary. When fully formed, its appearance is characteristic, being mottled, and the gland-like structure is at once recognizable. In a very recent state it resembles a sebaceous tumor. As several are almost always seen in the different stages of development, some of them may have softened in the centre and suppurated, and having burst their cyst, protrude and become surrounded with an incrustation which makes them look like warty growths. MACKENZIE thinks that it is an albuminous tumor; while LAWRENCE supposes that it commences as a small, smooth prominence, with a flattened surface and a small pin-like hole in the centre.

Treatment.—*Thuya*, *Merc.-corrosiv.*, and *Calcarea*, are the most homœopathic remedies. The surgical treatment consists in cutting the tumor across with a free incision, and squeezing out its contents with the thumb-nail; if the cyst does not separate at the same time, it must be pulled out gently with the forceps. WALTON HAYNES.

Steatomatous-tumor, or *Milium*, is a superficial deposit of Steatoma, generally called *milium*, from its resemblance to a *millet-seed;* it is not confined to the eyelids, but frequently appears on the cheeks in great numbers; it seldom exceeds a pin's head in size, except when it grows at the edge of the eyelid, or between the eye and nose.

Treatment.—Whether large or small, they may be cut across, and their contents squeezed out. DR. GUEYRARD has cured even large steatomatous tumors with *Thuya*, 15th dilut., a dose every night and morning, in about one month.

Vesicular Tumor.—TYRREL says that he has frequently seen the cuticle elevated near the free margin of the lids into a small vesicular tumor containing water, or serum. They are not attended with any pain or marked symptom, unless they project inwards toward the eye, which they rarely do. These vesicles, from the thinness of their contents, are semi-transparent; seldom larger than a swan-shot; and several are often present at the same time upon the lids. They are sometimes very slow in growing, lasting from five to twenty-five years, when, instead of serum, they are apt to contain a glairy fluid.

Treatment.—When small, a simple puncture will effect a

cure; or *Rhus*, or Cantharides, Mezereum, Euphorbium, or Marsh-Marigold may be required internally and externally. When of a large size, the cyst may be required to be removed, or cauterized.

Tarsal Tumor.—The situation of this differs from that of stye in being above the edge of the tarsus, or cartilage of the lid, and some distance away from the eyelashes. When small, the tumor is scarcely visible on the outer side of the lid, and can only be felt beneath the skin of the eyelid like a small shot under the finger; but if the lid be everted, or turned over, a discolored spot on the under surface will indicate the point of attachment between the tumor and the cartilage of the lid. It slowly increases in size, so that many weeks or months may elapse before it has acquired sufficient size to attract much attention on the outside of the lid. The spot before alluded to on the under or inner side of the lid is at first red, then becomes yellow in its centre, and finally acquires a bluish tinge. When it is very visible externally, it has been termed *Grando;* while the barbarous name of *Chalazior* is applied to the internal tumor. It is supposed to have its seat in the structure of the tarsal cartilage, and to have a more decided disposition to point on the inner side of the lid than the outer. TYRREL truly says that the diagnosis of this little disease is important, as it is very readily cured, when recognized, by simply everting or turning over the lid, and puncturing its cyst through conjunctiva of the lid and tarsus. On the other hand, if an attempt be made to excise it from the outer side of the lid, the cartilage will be injured, and much deformity of the lid will follow, occasioning the patient subsequent and permanent inconvenience. If the tumor be allowed to increase and burst of itself, a small fungus-like substance will rise up through the opening. The tumor itself is said to consist of gelatiniform fibrinous matter, not inclosed in a cyst, but simply contained in the cavity which it has formed for itself in the substance of the tarsal cartilage.

Treatment.—Bryonia is said to have proved homœopathic to a tumor as large as a pea upon the lower lid of the left eye; *Calcarea* cured an inflamed tumor upon the right lower eyelid, as large as a big pea, in the person of a child aged 1½ years;

two doses caused resolution, without the occurrence of suppuration. When the digestive organs are deranged, *Colocynth* may prove curative to both disorders; *Mercurius* and *Natrum* deserve attention, although *Staphysagria* or *Silex* may be required.

Encysted Tumors of the Lids, not connected with the Tarsal Cartilage.—These are most frequent in children; they rarely originate in the adult, although they occasionally exist at that period of life, having been allowed to remain untouched from infancy. They are more common in the neighborhood of the lids and the orbit than in any other part of the body; they are generally not discolored; arise without pain or inflammation; and have a rounded, firm and elastic feel; they are generally movable, but occasionally are attached firmly to the periosteum; they vary in size from that of a small pea to that of a pigeon's egg, or larger.

It is thought that nothing but excision will remove these tumors. If this be decided upon, the cyst should be dissected out entire. The contents are usually sebaceous, but occasionally glairy. Frequently, a number of small and fine hairs are mixed with these matters, and then the interior of the cyst presents a decidedly cuticular appearance, from the surface of which numbers of these fine hairs are often found growing.—LAWRENCE.

When the cyst is firmly attached to the periosteum or bone, it is thought advisable not to operate upon them, as very extensive mischief sometimes results; inflammation and sloughing may ensue, by which the bone may become exposed, and finally exfoliate very decidedly. *Baryta, Sepia, and Silex* are the most homœopathic remedies.

Naevus Maternus.—The eyelids, as well as other parts of the body, are occasionally the seat of the so-called *mother-marks* and moles. I have cured several cases by the local application of Muriate Tincture of Iron; while my friend, DR. BOLLES, has cured several cases by internal remedies alone.

Scirrhoid Induration of the Eyelids.—This is not cancerous, although it resembles cancer. It consists of a hard, tuberculated warty-like degeneration of the whole thickness of the edge

of the lid, commonly of the lower, traversed by varicose vessels, and ending in ulceration. It is most common in old people.

Treatment.—Thuya, Baryta muriat., Iod. pot., Iod. hydrarg., and other remedies, deserve attention.

INFLAMMATIONS OF THE INTERNAL SURFACE OF THE EYELIDS.

A. Simple Inflammation.

(CONJUNCTIVITIS PALPEBRARUM.)

THIS differs from the catarrhal, or muco-purulent variety, principally by the lesser quantity of mucus, or muco-pus which is secreted; by the minor degree of swelling of the lids, and by the smaller size and more vivid color of the blood-vessels which form the inflammatory redness of the affected part. According to TYRREL, it commences with a slight degree of pricking pain, a feeling of heat and stiffness in the lids, either with a sense of dryness of the surface, from the want of moisture, or with a scalding sensation, from an increase of acrid tears which flow over the lower eyelid to the cheek. Frequently, there is a feeling as if some foreign substance were lodged upon the inner and under surface of one or the other lids. Great intolerance of light is not often present, although exposure to bright light augments the suffering. Unless the attack be speedily relieved, pain of a sharp and severe character is apt to set in, and it, as well as the sense of heat about the eye, is aggravated by lying down.

The blood-vessels of the white of the eye, (conjunctiva of the eyeball,) are remarkable for pursuing a slightly *tortuous* course from the circumference of the orbit towards the margin of the cornea. The largest vessels may be seen passing from near the attachments of the recti muscles, and gradually diminishing in size as they proceed towards the cornea, but at the same time sending off numerous minute branches, which freely connect with others from neighboring vessels; so that a beautiful web-like aspect results. These *crooked* and *tortuous* blood-vessels are also remarkable for the ease with which they may be

pushed for a short distance from side to side, by means of slight pressure of the lid against them.

The principal causes are: sudden changes of temperature, exposure to cold winds and damp, especially when influenza prevails; lodgment of foreign bodies under the lids, especially the upper, such as dust, sand, metallic particles, etc. The lodgment of particles of dust, fine sand, mortar, or cinders, is so frequent a cause of simple inflammation of the internal surface of the lids, and of the conjunctiva of the ball, that careful inquiry and search should generally be made for them, especially if the patient has been exposed to injury from any of these exciting causes, or the disease has set in very suddenly without other evident exposure, and the suffering is instantaneously acute, and remains obstinately persistent. Foreign substances are easily detected on the inner surface of the lower lid, or upon the conjunctiva over the cornea or sclerotica; but when they have lodged under the upper lid, unless the physician is familiar with the manner of everting or turning this over, he will find much difficulty in detecting them, or his rough and clumsy attempts will soon oblige the patient to refuse to submit to further bungling. Some of the lashes and part of the lower edge of the upper lid should be grasped by the surgeon; the patient be directed to look downwards, so as to turn the ball of the eye as far down as possible, while the upper lid is gently drawn away, or out and down from the eyeball; a fine probe should be laid upon the lid, just above the upper edge of the tarsal cartilage; and then, if the lid be lifted up against the probe, it will readily turn over, so as to expose the greater part of the under surface of the upper lid. The offending particle may easily be wiped off; and if the patient be directed to turn the ball of the eye upwards, the surgeon still retaining his hold of the lid, it will promptly return to its natural position, and the whole operation will have been performed with great celerity, and very little suffering to the patient.

Treatment.—Simple inflammation of the internal surface of the eyelids is almost always a very manageable disease, rarely withstanding judicious treatment longer than three or four days. Aconite and Antimony, or Aconite and Pulsat., or Acon. and Euphrasia, internally; gentle bathing of the eye, and

a weak solution of Aconite or Pulsatilla, followed by a small quantity of Alumina or Zincun, applied three or four times a day to the internal surface of the lower lid, will generally suffice to effect a cure in the above-mentioned space of time.

B. Catarrhal Inflammation of the Lids.

This is distinguished from simple inflammation by the greater profuseness of the serous and mucous discharges from the lids; and from purulent-, Egyptian-, and gonorrhœal-ophthalmia, by the lesser severity of the local symptoms, lesser malignity of the inflammation, and the more mucous than purulent nature of the discharges. In catarrhal ophthalmia there frequently is little or no accompanying constitutional disturbance, but sometimes all the symptoms of catarrhal fever are present, such as lassitude, chilliness, with fever at night, quick pulse, hot and dry skin, and restlessness. There is at first a watering of the eye, from increased flow of tears, combined with serous exudation from the congested vessels of the conjunctiva; but a mucopurulent discharge soon sets in, formed of a profuse mucous flow from the conjunctiva, and increased secretion from the Meibomian glands. The conjunctiva of the lids, the semi-lunar fold and caruncle, are first attacked, and become red, thickened, and villous. Soon afterwards, the disorder extends to the conjunctiva of the ball of the eye. This disorder will of course be treated of more fully under the head of general catarrhal inflammation of the eye.

Treatment.—Aconite and Antimony, or Aconite and Pulsatilla, or Aconite and Baryta muriatica, or Kali hydriodicum, are excellent remedies.

C. Granular Lids and Vascular Cornea.

This is one of the most formidable consequences of purulent ophthalmia, or of the catarrhal, in its severer forms. The disease may either be formed during the acute attack, and remain after it has subsided; for catarrhal and purulent ophthalmia commence in the conjunctiva of the lids, and spread from thence to that of the ball; but they disappear in the contrary order, leaving, first, the ocular portion of the membrane, or

that in which they appear last, and linger along in the palpebral portion, or that in which they first appeared. The disease may linger in the conjunctiva of the lids in so trifling a degree as to escape the observation of the careless practitioner, who may be satisfied with a general marked improvement of the white of the eye; but in order to prevent the insidious formation of granular disease, the under surface of the upper and lower lids should be carefully examined, even after all acute disease seems to have been completely subdued; and if the mucous membrane of the eyelid has not perfectly recovered its natural aspect, the remedies should be continued until all appearance of disease has subsided.—TYRREL.

According to the same author, after acute catarrhal, or purulent inflammation of the eye has subsided, so that the sight becomes almost perfect, the patient may retain some so-called "weakness" or "irritation" of his eyes, attended with a watery condition of them on exposure to bright light, or cold air. The increased secretion from the eye is as thin and watery as the tears at first, and it is apt to flow over the cheek; the eye feels irritated, as if fine dust or grit had got under the lids; and finally, a more sticky and colored secretion is formed, which collects about the angles of the eye, and among the roots of the eyelashes. Soon vision becomes impaired; the sensation of the presence of a foreign body between the eyelids and ball of the eye is felt whenever these parts are moved suddenly; there is a sense of weight and stiffness in the upper eyelid; vessels carrying red blood will be seen passing from the upper part of the eye towards the upper part of the cornea, and the cornea itself soon becomes opaque and dim, especially at its upper part.

If the under surfaces of the lids be examined in the way already pointed out, the conjunctiva will be found more red than natural, and roughened from the enlargement of its villi. Besides the florid appearance and the small elevations upon the mucous membrane of the lids, this becomes thickened, and by degrees the red color assumes a deeper tint; the enlarged villi become more numerous and prominent, so that when the under surface is exposed by everting the lid, it resembles very much the surface of a healthy ulcer, and this resemblance is heightened in some cases by the adherence of quantities of the opaque,

viscid, and puriform secretion. In consequence of this resemblance, the disease has been termed *Granular conjunctiva*, or *granulated lids;* and from the accompanying redness, dimness and vascularity of the cornea, the collective disorder has received the name of *Granular lids and vascular cornea.* But, in fact, the small red projections are not real granulations, like those formed during the healing of a healthy ulcer, but merely the natural villi of the mucous membrane greatly enlarged.—TYRREL.

When the disorder is fully formed and established, it is a most troublesome affection, and extremely obstinate; subject to sudden and violent exacerbations from the slightest causes, and often aggravated in the course of a few days by the very treatment which seemed most beneficial a short time before. This great tendency to *relapse* is a marked feature of the disorder; it might with great justice be termed *relapsing ophthalmia.* It must also be regarded as the local manifestation of a constitutional disorder, as no one who has seen several hundred cases of the disease, or who has repeatedly seen from twelve to twenty afflicted with it, in the same room with dozens of other patients with diseases of the eye, will have the slightest difficulty in recognizing these cases, from the pallid and suffering expression of their countenances, even at a distance at which it would be perfectly impossible for him to detect the vascularity of the cornea. TYRREL says that he has observed that granular lids and vascular cornea arises most frequently in those persons who have been treated very actively and allopathically, and much reduced in strength; and that it generally proves obstinate in proportion to the feeble condition of the patient. The *Sycotic* diathesis may have much more to do with it than the scrofulous, gonorrhœal, or syphilitic, upon which so much stress has been laid.

HAYS admits four varieties or stages:

1st. The conjunctiva is simply reddened and villous.

2d. It resembles an ulcerated surface, the granulations exhibiting most of the phases presented by such a sore; sometimes being small and pale, at others large and flabby, and bleeding on the slightest touch.

3d. The granulations may have a warty appearance, being firm and pale, cutting like cartilage, and bleeding but little.

4th. The mucous membrane is thickened and fissured like the surface of a mulberry.

The granulations are most frequent and abundant on the whole under surface of the upper lid, and on that small portion of the lower where it passes from the lid to the ball of the eye, especially towards the outer angle. The vascularity of the cornea is frequently confined to the upper half of this body, viz., to that portion over which the rough surface of the upper lid moves; consequently, the lower half of the cornea generally remains transparent. In some cases, however, the vascularity may cover the whole surface of the cornea like a net-work, and its mucous covering, or the conjunctiva of the cornea, may become so loosened and thickened as to exhibit that state which has been technically called *Pannus*, in which the boundary of the cornea can hardly be seen.—LAWRENCE.

Treatment.—SAUNDERS has the credit of being the first who discovered the true character of this chronic disorder, and explained the mode in which it destroys sight; but, unfortunately, he always endeavored to correct it by operative means, and frequently employed either the knife or scissors to remove the prominent villi, and to render the surface smooth. TYRREL supposes that he considered the projecting parts to be really granulations, and did not dream of their being enlarged mucous villi. Of course, great injury was often done by removing them. The surface rendered smooth by operation with the knife or scissors, often presented greater irregularity a few days subsequent to the operation, but of a somewhat different character; the projections, which in the first instance had been uniform in size and elevation, afterwards became much more irregular, both in shape and projection; in fact, real and irregular, spongy granulations sprang up from the wounded surface, and took the place of many of the uniformly-enlarged villi of the mucous membrane. Finally, more or less hard scars or cicatrices formed, and incurable disease of the lids and cornea was the consequence.

But the most common allopathic treatment is by means of escharotics, of which Sulphate of Copper, Nitrate of Silver, Acetate of Lead, and Alum, are the most common. These remedies are, of course, more or less homœopathic to the disease, and, if used at all, should be used carefully and gently.

We have seen that the disease generally arises from preceding purulent, muco-purulent, or severe catarrhal ophthalmia; yet HAYES says, if Nitrate of Silver or dilute Nitric Acid be applied, the first effect of the application is to produce a puffiness of the lids with increased lachrymation, with some burning, which subside in a few hours, and a *purulent* discharge takes place. In some cases, the effects just mentioned become excessive, and persist for several days, arising either from the remedy having been too severely or frequently applied, or the wrong one being selected; and a change must consequently be made, either in the remedy, or the freedom of applying it. A very common error is the too frequent repetition of local applications.—HAYS. I have succeeded best with rather weak applications, applied not more than once a week, and then merely as adjuncts to proper internal treatment. If they be applied every two or three days, it will soon be found that a remedy, which at first seemed to have a most happy effect, will soon exert a most injurious one, and the patients will go on for weeks and months together, sometimes improving, sometimes relapsing, and altogether making a very unsatisfactory progress, until they become completely tired out, and cease to attend. The local application should not produce more than a slight smarting, when employed. If it causes pain of more than one minute's duration, it is too strong. It is rarely that an application which causes continued suffering effects any good. In the dominant school, these applications are generally used so much too strong, that TYRREL even thinks that in obstinate cases, the cure will be promoted by a frequent change of the local remedy; and he rarely allowed a patient to use one kind of local application more than four or five days continuously. He would have been much more successful, if he had only allowed them to be used once in four or five, or more days.

But, as the constitution sympathizes so largely with this local disorder, local treatment alone will not suffice. LAWRENCE says that he cannot adduce much personal experience in favor of escharotic treatment. WALTHER, from abundant experience, says that the benefit derived from them is, on the whole, inconsiderable, even when methodically and cautiously employed; they either do not effect a complete cure, or else

bring it about very slowly. He is, indeed, often astounded when he sees one of the most delicate organs attacked with a series of applications so powerful and destructive as nitric acid, corrosive sublimate, and arsenic.

The methodical internal use of Aconite, Arsenicum, Baryta, Thuya, Sabina, &c., aided by the local application of a weak solution of the same remedies, and occasional resort to Argentum nitricum, Plumbum aceticum, Zincum sulph., &c., will generally suffice to effect a cure.

CHANGES OF THE SHAPE AND POSITION OF THE EYELIDS.

EVERSION, OR TURNING OVER OF THE LIDS.

(*Ectropium.*)

By the turning over, or outwards of the lids, they are necessarily drawn away from the eyeball, their conjunctival surface turned out, the edges of the lids and the lashes are displaced upwards or downwards, according as the upper or lower lid is the seat of *Ectropium.* The eyeball, being thus deprived of the protection of the eyelid, is exposed to constant irritation, by which a chronic conjunctivitis is kept up, weakening the eye, and leading to specks, ulcerations, and vascularity of the cornea. In some bad cases, repeated attacks of inflammation lead at last to destruction of the eyeball.—Wharton Jones. Still Ectropium is not only more rare, but generally much less severe in its effects than its opposite affection, *Entropium*, or turning in of the lids. In the former, the eyeball may suffer from want of necessary moisture, and from a distressing sensation of cold in the eye; the patient is annoyed with the flowing of the tears over the cheek, especially when the lower lid is affected, and is perpetually exposed to injury of the eye from inability of the lids to wipe off, and brush away flying particles of dust. The exposed surfaces of the mucous membrane of the lids are always irritated and congested, or inflamed, and this irritation always extends more or less to the ball of the eye; yet it is surprising how seldom such influences prove absolutely destructive to vision.—Haynes Walton.

Although it is generally supposed in the dominant school, that these affections of the lids can only be remedied by a more or less severe operation, still it would seem that a very large proportion of cases may be prevented or removed by appropriate medical treatment.

1. According to WHARTON JONES, the simplest and most common form of Ectropium is usually the result of some chronic inflammation of the conjunctiva, or of Ophthalmia tarsi; and it is almost always the *lower* lid which is the seat of this form of the disease. The skin of the eyelid and cheek becomes excoriated by the discharge constantly dropping from the eye, and finally becomes contracted, drawing the eyelid downwards and outwards. This displacement is also favored by a general relaxed state of the tarsus, and protrusion of the thickened and sarcomatous conjunctiva, the whole forming *Ectropium from excoriation and contraction of the skin of the eyelid, together with a thickened and sarcomatous state of the conjunctiva.* In old people, the thickened and sarcomatous state of the conjunctiva seem in W. JONES'S opinion to operate more frequently in producing eversion of the lid, than does any appreciable amount of contraction of the skin.

Treatment. — W. JONES advises the occasional application of Nitrate of Silver; but the internal remedies for chronic catarrhal inflammation, especially of the angles of the lids, for relaxation of the tarsus, and for a thickened and sarcomatous state of the lids, should also be perseveringly used. Thuya deserves particular attention.

HAYNES WALTON, however, gives a rather different view of these cases; he says certain changes of thickness of the conjunctiva may alone evert the tarsus, while the edge of the lids, the lashes, and the glands all remain intact. In all such cases, which had come under his observation, irritating substances had been used for the conjunctival affections, and had, he believes, been the cause of the eversion of the lids. He refers to the case of a soldier, who had been discharged for some inflammatory affection of the eye, and who assured him, that when he left the army the lid had not turned out, but that the Ectropium had come on a few months after the regular application of Sulphate of Copper, three times a week for nine months, when he would no longer submit to it.

2. As has already been mentioned, one of the effects of cicatrization of abscesses in the substance of the eyelids, is also one of the most common causes of Ectropium. (See p. 5.)

According to WALTON HAYNES, the most frequent seat of this suppuration is the lower and outer point of the edge of the orbit; and it is most important in the treatment of these abscesses to manage them rightly, and open them early, so that as little of the cellular tissue of the lid may be lost by suppuration as possible; for the actual loss of skin from the presence of the abscess may be very slight, yet if much of the cellular tissue be destroyed, it will contract so much in healing, as to pull aside the skin and bind it down.

Treatment.—The operative proceedings are best given by HAYNES WALTON. (See Operative Ophthalmic Surgery, pp. 182–202.) Arsenicum, Thuya, and other remedies, will be required internally. The excoriation and consequent contraction of the skin may be palliated by the use of Glycerine, Sweet-oil and Lime-water, &c.

3. ACUTE ECTROPIUM is apt to take place in *purulent ophthalmia*, in consequence of the great tumefaction of the conjunctiva of the lids. When the inflammatory œdema of the lids, which was for a time excessive, begins to subside, no proportionate diminution of the swelling of the mucous membrane may take place, and the swollen and granulated conjunctiva loses that counterpoise which the external swelling of the lid afforded it; finally, it is forced outwards by the action of the muscles of the lids. If the protrusion be not immediately returned, the upper point of the eyelid and retroverted cartilage will act like a ligature upon the parts protruded, and thus lead to still greater swelling; and as the swelling increases, the stricture will become still greater by the involuntary and spasmodic effort of the orbicularis muscle to bring the tarsus into its proper position.—WHARTON JONES. The same author also says, that in the ophthalmia of new-born infants, eversion of the lids readily takes place when the child cries, or when the eyes are being washed and cleansed. The lids may be easily returned to their proper position, if the attempt be made at once; but, if they be left everted for any considerable time, the spasmodic efforts of the muscles, and the increased accumulation of blood

in the protruded mucous membrane, will render the return of the lids painful and difficult.

Treatment.—The remedies for inflammation and swelling of the mucous membrane of lids must be relied upon, viz., *Bellad.*, *Pulsat.*, *Euphrasia*, *Baryta muriatica*, *&c.*

According to HAYNES WALTON, another class of cases of *Ectropium* is the consequence or termination of disease of the lid itself, and occurs principally in the under lid, owing generally to inflammation of the eye, and almost always of a scrofulous kind. The white of the eye is first inflamed, and lachrymation follows with more or less intolerance of light; afterwards, the Meibomian glands are involved, and the entire edge of the lid becoming implicated, the eyelashes drop out, or become stunted, followed by that state generally called Lippitudo; and finally, eversion of the lid occurs. In this form, HAYNES says, there seems to be not only actual loss of substance of the lid in the rounding of the edge, but the cartilage and tarsal ligament shrink. This seems to him to receive corroboration in the circumstance, that in the Lippitudo which generally precedes the Ectropium, it is not uncommon to observe inability to close the lids, except with great effort. He thinks that one may venture to surmise that the inflammation which lingers so long about the lid may so far alter that portion of the orbicularis muscle on the edge of the lid, as to impair its supporting or binding influence. Again, it is generally supposed that the eversion of the lid is owing principally to the contraction of the skin, from the excoriating influence of the tears; but he regards roughness, and even excoriation of the skin, as a frequent consequence, not the cause of eversion; because both are common in lippitudo, where eversion is absent. The direction of the tarsus, too, somewhat indicates that it is not entirely influenced by the tension and contraction of the skin; for it is not so much pulled down or away from the eyeball as turned outwards. The bright, villous, puffy, and swollen condition of the conjunctiva of the lids he also regards as generally the result of its constant exposure, and cannot be the cause of the eversion, when, as is frequently the case, only a small portion of this membrane, and merely that which is permanently exposed, is so altered.

Ulcerations of the skin, however, namely, such as penetrate

the skin and sub-cutaneous cellular tissue sufficiently to produce a scar and great contraction of the cellular tissue, will doubtless be followed by eversion of the lid; but simple ulceration, which does not involve the whole depth of the true skin and some of the cellular tissue beneath, is not usually associated with Ectropium.

Treatment.—The debility of the orbicular muscle, caused by long-continued neighboring inflammation, may be removed by the patient internal and external use of Nux vomica, Ignatia, or Angustura; the disease and contraction of the cartilage, by Mezereum, Merc. corrosiv., or Staphysagria.

INVERSION, OR TURNING IN OF THE LIDS.

(ENTROPIUM.)

THIS is more injurious to the eye than *Ectropium*, as it is generally accompanied with great mechanical irritation, from the rubbing of the inverted lashes against the ball of the eye, which often produces severe inflammation, with ulceration and opacity of the cornea. The distress occasioned by the friction of the margin of the lid and the eyelashes against the ball, when an attempt is made to use the eye, together with the intolerance of light, which is usually present in a greater or less degree, forces the patient to keep the eye always closed or half-closed, and as much as possible at rest.

According to LAWRENCE, a temporary inversion, particularly of the lower lid, will sometimes occur in chronic, and some cases of acute ophthalmia; the edges of the lids are then drawn inwards by a spasmodic action of the orbicularis muscle, occasioning constant winking, particularly when attempts are made to use the eye; and while the contraction of this muscle forces the eyelid inwards, and retains it in its unnatural position, the swelling of the inflamed conjunctiva, between the ball and the lid, pushes the opposite margin of the tarsus outwards. If we draw the skin gently downwards, the lid will return to its natural position; but the patient will soon wink, and the orbicularis muscle will turn the lid in again.

Another variety occurs in aged persons. In them there is a relaxation of the integuments; the skin of the lids loses its elasticity, and falls into wrinkles; the fat is absorbed from the surrounding parts, and thus loose folds are formed in the lids; the balance between the external surface and the mucous lining of the lids is lost, and inversion is the consequence. (*Entropium Senile.*) The entire lid forms a round roll, with the eyelashes lying in its interior; but as the lashes and edge of the lid do not rub against the eye, there may be little or no irritation, and inversion may be present without the patient being aware of its existence.—LAWRENCE.

WHARTON JONES places great stress upon the combined influence of relaxation of the integuments of the eyelid, and spasmodic contraction of the orbicularis palpebrarum muscle, in the production of turning in of the eyelids. But as the relaxed and superabundant state of the skin of the lids is not insisted upon as the essential cause of the Entropium, while spasmodic contraction of the orbicularis muscle has been known to cause it, the principal part of the medical treatment should be directed to allaying the spasm. It might be possible to do good by applying to the lid some preparation of Plumbum, sufficiently strong to cause contraction of the integuments and paralysis of the muscle.

A *contracted* and deformed state of the tarsal cartilage is also put down as an efficient cause of Entropium, when it occurs in long-continued ophthalmia tarsi, or catarrhal-, or scrofulous conjunctivitis. The cartilage then often becomes indurated and contracted on its inner surface, whilst it is shortened transversely, or from angle to angle; the effect of which is, that the margin of the eyelid is turned in directly against the eyeball, and cannot be brought back to its proper position by any traction upon the skin of the lids, as in Entropium from relaxation. The edge of the eyelid remains curved inwards; the margin is often thickened and irregular; while the eyelashes are few and dwarfish, and also inverted; the whole forming a combination of Entropium with Trichiasis.—W. JONES.

HAYNES WALTON almost entirely denies the influence of any other causes, except excessive development and spasmodic contraction of the orbicularis and tensor tarsi muscles.

Treatment.—DR. DUDGEON has the credit of being the first to

suggest a homœopathic remedy for the curable cases of Entropium. He suggests Borax, as applicable to some form of catarrhal and senile ophthalmia, particularly when accompanied by Entropium. It is homœopathic to itching of the inner canthus, so that the patient must rub it; itching of the eyes, with feeling as if sand were in them; rawness of the outer angle of the eye; burning in the eye; the lashes incline to *turn in* towards the eye, and inflame it, especially at the outer angle, where the edges of the lid are quite raw; inflammation of the outer angle of the right eye, with derangement of the lashes, and agglutination of the lids at night; inflammation of the edges and inner angle of the lids, with nocturnal agglutination, so that the eyes are glued up with hard gum, which irritates the eye like sand; sticking together of the lids; irritation of the eyes, and lachrymation.

The spasm of the orbicularis and tensor tarsi muscles may be allayed by the use of Nux, Ignatia, or Angustura; or, if these fail, by the external and internal use of Bellad., Stramon. or Conium.

CONSTANT OPEN STATE OF THE LIDS.

(LAGOPHTHALMOS.)

This barbarous name is given to a constant *open* state of the eyelids; the consequence of which is, that the eye is exposed to the entrance of foreign particles, and other causes of irritation, as in eversion of the lids. Wharton Jones admits three principal forms:

1st. From paralysis of the orbicularis muscle, allowing unrestrained and excessive contraction of the levator musle of the lids.

2d. From shortening of the upper lid to such an extent as not to cover the ball of the eye properly; the consequence of cicatrization of wounds, ulcerations, and other causes.

3d. Congenital imperfect development of the lids.

In the first variety, the paralysis of the orbicularis is merely one of the symptoms of paralysis of the portio dura of the

seventh pair of nerves. It may be so complete, that the upper eyelid is immovably drawn upwards; but generally it is not so complete, the eyelids being capable of closing somewhat, although not perfectly. While the upper eyelid is drawn upwards, the border of the lower lid falls down and somewhat out from the eyeball, and allows the tears to fall down upon the cheek. The most common removable causes of this paralysis is the pressure on the nerve by an enlarged lymphatic gland, or other tumor; or the paralysis may be rheumatic.

Treatment.—When an enlarged lymphatic gland is the cause of the disorder, Calcarea, Silex, Baryta, Kali hydriod., Conium, &c., may be used. When there is paralysis of the orbicularis muscle, Arsenicum, Plumbum, or Conium, and Bellad., or Stramon., are the most homœopathic remedies; although the internal and external use of Nux vom., Ignatia, or Angustura may be required.

FALLING DOWN OF THE UPPER EYELID.

(PTOSIS.)

This is the opposite of *Lagophthalmos*, as the upper lid, instead of being retracted upwards, falls down over the eye, and cannot be raised sufficiently to admit of free vision; the levator muscle is paralyzed, and allows the unrestrained and excessive contraction of the orbicularis. The patient can only open his eye by raising the lid with his finger. The third pair of nerves is involved, in the simple paralytic variety.

In other cases, ptosis may arise from injury of the levator muscle, in wounds of the upper eyelid. When but little of the substance of the muscle is destroyed or torn, the ptosis may disappear after the healing of the wound, from reünion of the muscle; but if the muscle be much torn, this will not be the case.—W. JONES.

It is also asserted, that extension and relaxation of the skin of the eyelid will allow the lid to fall down permanently, especially when the muscles have long been macerated in chronic œdema about the eye.

Treatment.—Arsenicum, Plumbum, Nux, Ignatia, and Angustura are the principal remedies.

ADHESION OF THE EYELIDS TO THE EYEBALL.

(SYMBLEPHARON.)

The most common accidental cause is the action of quick-lime or mortar upon the eye. H. WALTON says, he has twice watched the effects of quick-lime from the commencement, and, like every one else who has attempted it, totally failed in stopping the accustomed after-effects, viz., adhesion of the lids to the ball.

WALTON also suspects that in other cases, the prevalent treatment of ophthalmia in the dominant school by escharotics may sometimes play no unimportant part in producing these adhesions, knowing, as he does, that nitrate of silver is often used in substance, and in very strong solutions and ointments, in a most lavish manner; a practice which he has known to produce sloughing. He quotes DESMARRES, (who is fully alive to this abuse of caustic,) who says, he has been informed by DR. FURNARI, that during his stay in Africa, he had seen and operated on so large a number of symblepharons from that cause, that he was quite tired of them.

Severe purulent ophthalmia, or burns or scalds of the conjunctiva, may also be followed by loss of substance, sloughing, or ulceration, followed by adhesion.

Treatment.—This can only be preventive, or operative.

ADHESION OF THE EDGES OF THE LIDS.

(ANCHYLOBLEPHARON.)

This does not require particular description.

Treatment.—Principally preventive.

ENCROACHMENT OF THE SKIN OF THE NOSE UPON THE INTERNAL ANGLE OF THE EYE.

(EPICANTHUS.)

This can only be remedied by operation.

DISEASES OF THE EYEBALL.

A. DISEASES OF THE EXTERNAL COAT OF THE EYEBALL.

1. INJURIES.

a. Bruises of the conjunctiva, cornea, and sclerotica.

THE majority of slight injuries of the conjunctiva require the simplest treatment only.

Ecchymosis, or effusion of blood into the sub-mucous cellular tissue, may come on spontaneously, or be produced by violent efforts, such as coughing, especially in hooping-cough, or be the result of mechanical injuries to the part. The darkness of the color is so great that the patient is generally frightened when he sees it, and the appearance may puzzle any surgeon who is not familiar with it. The color of the effused blood is at first bright red, but gradually becomes of a deep brownish red; when it is deep-seated and abundant, it has a dark, liver color. It is well to know that the blood is often very slow in being absorbed, although it sometimes disappears in a week or two.

Treatment.—Millefolium, Hammemelis, and Chamomilla are the most important remedies.

b. Burns and Scalds.

These have been sufficiently alluded to under the head of Symblepharon, p. 42.

c. Wounds.

Of the conjunctiva.—These are generally not serious, unless very extensive, or in persons whose state of body is favorable to inflammation.

Of the cornea.—The effects of wounds or irritations of this organ are far more serious. LAWRENCE has seen considerable uneasiness follow a small and scarcely perceptible scratch from the finger-nail of an infant.

According to WHARTON JONES, when chips of fine metal, splinters of glass, stone, or hard wood, penetrate only so far into the cornea that a portion of the foreign body remains pro-

jecting, very great irritation ensues; but if the offending body has sunk fairly into the substance of the cornea, it may produce very little reäction; or it may become enveloped in a capsule of lymph, and cease to be a cause of irritation, although the affected part of the cornea will remain permanently opaque. More frequently, however, ulceration of the cornea takes place around the foreign body, which thus becomes loose at the bottom of the ulcer, and requires but a touch of some instrument to effect its detachment. The use of a cataract-needle, or -knife, is often required to remove particles of steel and the like, which are firmly lodged in the cornea; but the attempt at extraction should not be continued too long, for by-and-by they will become looser, and be more readily removed.

Injuries, or even slight scratches of the cornea, by means of the spurs of wheat or rye, such as often happen to reapers, or from chestnut-burrs, may lead to an abscess of the cornea, which may break into the anterior chamber of the eye, causing *hypopion*, or deposit of pus behind the cornea. This latter accident is particularly apt to occur if the injured person continues to work in the heat of the sun, and to eat and drink heartily. When such inflammation begins, a pink zone is first seen in the sclerotica, around the cornea; this redness becomes deeper and more extensive; the cornea loses its transparency, often becoming dull and turbid, and finally ulcerates around the foreign particle; the ulcer may break externally and the foreign particle drop out, or it may penetrate internally, and both matter and the foreign body may fall into the anterior chamber of the eye.

Injuries from wounds received from fire-arms and percussion-caps, whether exploded by means of a hammer, or by children's cannons and pistols, are a most frequent cause of blindness. In 939 cases of blindness, in children from 6 to 15 years of age, no less than 341 were caused by these dangerous playthings; while only 37 cases arose from accidents while playing ball, or with bows and arrows, &c.; and only 201 cases arose from inflammation of the eye, not excited by mechanical causes. It is well to know, that in some cases the fragment of a percussion-cap has been driven into the posterior chamber of the eye, while the wound in the cornea has healed so rapidly and perfectly, that the entrance of a foreign body into the depths

of the eye has remained entirely unknown; but in the course of a few days or a month, violent inflammation may come on, and the cornea will become dim, especially at the previously-injured part.

Penetrating wounds of the cornea, are peculiarly mischievous from their allowing the aqueous humor to escape, and the iris to prolapse into the wound, and adhere there.—LAWRENCE.

Of the Sclerotica.—Wounds of this membrane are said not to be of much consequence in themselves, but they become important from the accompanying injury of the conjunctiva, but especially of the adjoining internal tunics of the eye. Still LAWRENCE has seen complete blindness caused by a single small shot which struck the sclerotica obliquely, and did not enter the eye; the state of the health of the patient at the time of the injury is, in the majority of such cases, a matter of more consequence than the extent, or manner of the injury.

It is peculiar to the sclerotica, that cutting wounds of this membrane do not unite; the opening remains permanent, and this is the case even in the punctured opening made in the operation for cataract. The sclerotica is also so much harder and more brittle than the conjunctiva, that a violent blow on the eye will sometimes burst it, without dividing the mucous membrane outside of it.

B. INFLAMMATION OF THE WHITE OF THE EYE.

Simple-, and Catarrhal-conjunctivitis.

This disorder is generally produced by exposure to cold, and although it is frequently a simple inflammation, still its seat in a mucous membrane impresses upon it all the peculiarities of a mucous, or so-called catarrhal-inflammation, which many suppose to be specific in its character. It certainly requires for its cure the remedies which act specifically upon the mucous membranes, yet it is difficult to conceive of a simple inflammation of a mucous membrane, which does not bear all the signs of a catarrhal inflammation.

According to DUDGEON, it is the most common of all the ophthalmiæ; is usually accompanied by catarrh of other parts, more especially of the nose; and it seldom penetrates deeper

than the conjunctiva; therefore it is not generally dangerous. There are three stages:

1st. The *dry* stage, in which there is itching and stiffness of the lids, burning and heat in the ball of the eye, and sensation as if sand or dust had got into it; this proceeds from the dryness of the eye, owing to a deficient secretion of mucus. The white of the eye loses its usual bright and clear white appearance, and seems dim; the lids are somewhat red externally, slightly swollen, heavy and stiff; the white of the eye is more or less red.

In the 2d, or *sero-mucous* stage, there is a watering of the eye from increased secretion of tears, and excessive exudation of a thin sero-mucous discharge from the vessels of the conjunctiva; these secretions often possess a peculiar acridity, so as to produce scalding, and to corrode and inflame the cheek. In this stage, the peculiar redness of the eye, which is distinctive of conjunctival inflammation, becomes very violent; the redness is superficial, and of a bright scarlet color, forming a striking contrast to the rose or pink tint, which belongs to inflammation seated in the sclerotica. The enlarged and reddened bloodvessels in conjunctivitis also present characteristic peculiarities; they are quite superficial, and by pressing the lid against the ball of the eye, they will be found to be movable, or may be pushed in every direction, showing that they belong to the conjunctiva, and not to any deeper seated membrane; they also pursue a peculiarly tortuous course, subdividing and inosculating as they approach the cornea, presenting a marked contrast to the small, straight, pink, and rectilinear vessels of an inflamed sclerotica. The redness is generally irregular, or in patches, as some bundles of vessels are commonly more filled with red blood than others; numerous minute branches also shoot off from the main bundles, and freely join or anastomose with neighboring vessels, so that a beautiful web-like appearance is formed, through which parts of the sclerotica may be seen of its natural color, especially in the neighborhood of the cornea. But in the severer attack of the disease the whole white of the eye becomes uniformly red and swollen; and spots of extravasated blood may even be noticed here and there. Sometimes little vesicles or pustules are formed by the effusion of serous, or sero-mucous, or muco-purulent fluid

under the conjunctiva, especially in the neighborhood of the cornea.

Catarrhal inflammation seldom produces much swelling of the conjunctiva, at least nothing like the state of chemosis, which occurs in erysipelatous inflammation, or purulent ophthalmia.

The pain is generally not great; the intolerance of light is often slight, so that the patient may be able to open his eye to the light, even when there is considerable redness. But when the neighboring mucous membranes are also involved, there may be pain and sense of weight about the frontal sinus and antrum, more or less catarrhal fever, chills, heat, headache, disordered stomach, foul tongue, and impaired appetite.

In the 3d, or *puro-mucous* stage, there is increased mucous secretion from the conjunctiva, often of a purulent appearance, so that the whole disorder may in some cases be scarcely distinguishable from mild purulent ophthalmia. Still, this increased mucous discharge is one of the principal characteristics of catarrhal ophthalmia, although the quantity may be just sufficient to collect in small masses at the corners of the eye, or form a whitish streak at the bottom of the fold of the conjunctiva of the lower lid; or there may be enough to form copious incrustations about the root of the lashes, to agglutinate the edges of the lids at night, and to form a more or less thick layer over the cornea, giving rise to so many imperfections and delusions of vision.

It may be complicated with scrofulous ophthalmia, or with rheumatic disease of the sclerotica.

Treatment.—Simple inflammation of the conjunctiva is generally very amenable to treatment, although ATTOMYR gives a long list of no less than twenty-nine different remedies, as useful against it. Of these, Aconite, Ammonium, Argenti nitras, Arsenicum, Belladonna, Borax, Bromine, Clematis, Mercurius, Phosphor, Pulsatilla, Staphysagria, Stramonium, Thuya, and Zinc, may be selected as most homœopathic to the *acute* varieties; while Alumina, Calcarea, Graphite, Hepar, Kali, Lycopod, Nux, Sepia, Silex, and Sulphur may be more appropriate against the *sub-acute*, chronic, and obstinate cases.

DUDGEON says, when the affection is recent, in the first stage, and the chief symptoms are: dryness, itching or smarting sen-

sation in the eyes and lids, feeling as if something had got into the eye, frequent winking and occasional discharge of tears, the white of the eye being uniformly or partially reddened, little or no mucus secreted, and the conjunctiva of the lids is comparatively redder than the ball, then a dose or two of *Sulphur* in almost any dilution, usually suffices to effect a rapid cure.

When there is an excessively annoying, dry, and burning feeling in the eye, with frontal headache, and more or less congestion to the head, *Belladonna* will be useful, although it may have to be preceded, or alternated with Aconite.

If the flow of tears is considerable, and of an acrid character, with a corresponding watery discharge from the nose, attended with sneezing and other indications of the first stage of catarrh of the nose, *Euphrasia* will be the best remedy.

If along with a copious flow of tears, there is much smarting and burning pain, the tears being peculiarly acrid and corrosive, or if there is much swelling of the conjunctiva of the ball, (*chemosis*,) or an œdematous condition of the lids, then *Arsenicum* will be found useful.

If there be much mucous discharge, or extravasation of blood (*ecchymosis*) into the substance, or from the surface of the white of the eye, *Chamomilla* should be borne in mind.

When the inflammation is intense, the mucous secretion excessive, the redness of the eye considerable, and the caruncula particularly inflamed and enlarged, the internal and external use of *Argentum nitricum* will prove specific.

When the Meibomian glands are much affected, and the edges of the lids are red and swollen, the secretion forming deep yellow crusts upon the eyelashes at night, *Mercurius* and *Hepar s.* may be given with advantage.

When the evening exacerbations, which are usually present, are well marked, *Pulsatilla* will be found useful.

In slight catarrhal ophthalmias from exposure to cold and wet, *Dulcamara* is regarded as specific.

These, DUDGEON says, are the chief remedies for simple acute catarrhal ophthalmia, and will generally be found sufficient to meet all its varieties. Still KNORRE found Digitalis useful when the eye-disease occurred after the sudden suppression of coryza; and Kali bichrom. should not be forgotten.

In the CHRONIC forms, when the secreting apparatus of the lids is much involved, Mercurius, Hepar, Euphrasia, Arsenicum, Pulsat. and Sulphur, are chiefly to be trusted to. Where the caruncula and general conjunctiva are the seat of the chronic mucous affection, Argent. nitric., Lycopod., Zinc., Rhus, and Bryonia may be called in play. When there is a tendency to the formation of pustules, vesicles, or indolent ulceration, Euphrasia, Arsenicum, Sulph., Colc., Mercurius, and Silex may be indicated. The sensitiveness to light (*photophobia*) accompanying pure catarrhal ophthalmia, is seldom important, but when it exists to any degree, and fails to yield to the other remedies, Conium and Belladonna will almost certainly bring relief.—DUDGEON.

To those who are practically familiar with the above mode of treatment, especially if associated with the local application of a weak solution of Sulphate of Zinc, or Nitrate of Silver, it will be a matter of surprise, that the blood-letting, cupping, leeching, purging, low diet, blisters, recommended by LAWRENCE and all the writers of the dominant school, should ever have been considered necessary, even in the dark ages, much less at the present time. Still it may be, that many homœopathic physicians overlook the attendant functional derangements of the liver, stomach, skin, or uterus, upon which TYRREL places so much stress; or neglect to remove those peculiar conditions of irritability or debility, which render so many cases intractable.—PETERS.

INFLAMMATION OF THE SCLEROTICA.

SCLEROTITIS.

Rheumatic Ophthalmia.

THE sclerotic coat of the eye is that which is immediately under the mucous, or outer coat, or the so-called white of the eye; inflammation of the sclerotica is generally a much more painful and troublesome affection than inflammation of the white of the eye, or conjunctivitis; it also extends much more readily and frequently to the cornea and iris, and sometimes from thence to the internal structure of the eye.

According to LAWRENCE, the symptoms of sclerotitis are redness of the eye, pain, intolerance of light, increased flow of tears, and more or less fever. The redness of the eye in sclerotitis is quite peculiar:

1st. There is a red, or pink zone, or circle immediately around the cornea.

2d. The red and distended blood-vessels pursue an almost straight course from the edge of the cornea outwards in all directions towards the circumference of the eye, while, in conjunctivitis, the redness commences in the circumference of the eye, and diminishes the nearer it approaches to the cornea; while the enlarged blood-vessels pursue a remarkably tortuous course.

3d. The character of the red tint differs remarkably in the two cases, being of a rose-red, or pink, or almost violet hue, forming a striking contrast to the bright scarlet-color which is peculiar to conjunctival inflammation.

In severe cases, however, the conjunctiva soon participates in the affection; the cornea quickly assumes a dull appearance, and loses its transparency and polish; the iris is also apt to become involved in the attack.

The pain is often very severe, and extends to the back of the orbit of the eye, to the neighboring parts, and more or less to the corresponding side of the head. Not unfrequently the eye itself is comparatively easy, and the patient complains of pain in the brow, temples, cheek, or side of the nose. Often the suffering increases towards night, and becomes so much aggravated as to prevent sleep, and only abates considerably towards morning. The pains are also worse in cold, windy, and wet weather, and relieved by a mild and warm temperature of the air, although warm applications to the eye increase them. Intolerance of light is also a marked symptom from the commencement; the pupil contracts to exclude the light, and the patient avoids exposure to it; this also forms another striking contrast between sclerotitis and conjunctivitis; for, in the latter the patient generally opens the eye freely, and experiences no pain from exposure to light.

Sclerotitis may arise indirectly from unhealthy states of the system, but most frequently it is rheumatic in its nature, and is caused by exposure to cold.—LAWRENCE.

Treatment.—According to HARTMANN, in the commencement of the disease, if the inflammation be slight, *Pulsatilla* will remove the pain, and the accompanying inflammation of the conjunctiva, while Bryona will remove the inflammation. In severe cases, *Mercurius* will be required; while *Clematis erecta* is pronounced the most suitable remedy when there is pressure in the eyes, intolerance of light, profuse flow of tears, sticking together of the eyelids in the morning, and a decided tendency to inflammation of the Iris. *Euphrasia* is thought to be the most useful remedy, when the pains in the eye have become intolerable, and the inflammation has extended to the cornea, with severe hemicrania.

INFLAMMATION OF THE CORNEA.

CORNEITIS.

ACCORDING to LAWRENCE, inflammation of the cornea may be either acute, or chronic; but its course and character are most frequently of the latter description; in general, the appearances commence gradually and proceed slowly, and hence the uneasiness is greater than the mere degree of visible change would lead us to expect; for the same reason, the recovery is tedious.

The complaint begins with dullness of vision, the cornea being at the same time hazy; it loses its transparency and exhibits a general cloudiness, with increasing imperfection of sight, objects appearing as if seen through a cloud or mist. This nebulous condition of the cornea may be general, or partial; in the latter case, it is continued insensibly into the healthy structure. The cornea may be generally of a dull gray color, or like ground-glass; it may exhibit the various degrees of haziness, or opacity so dense as to conceal the iris and pupil.

Frequently, small vesicles or pustules form on the surface of the cornea; occasionally pus or matter is deposited into the substance, or between the layers of the cornea, and may break into the anterior chamber of the eye, forming *hypopion*, or may accumulate at the lower edge of the cornea, producing an appearance which has been called *onyx*, or *unguis*, from its re-

semblance to the white mark at the root of the nails. Sloughing of the cornea rarely occurs except in the purulent ophthalmia of new-born infants, and in gonorrhœal ophthalmia, or when the inflammation is very acute and excessive, or happens in persons with great general debility, and reduced local action.

Considerable pain and sense of tightness in the eye, and pain in the brow, or forehead, often accompany the affection, especially in its early stages, in which we also find the tongue coated, and the system feverish. There is increased sensibility to light, which is the more remarkable, as the dimness of the cornea must diminish the quantity admitted into the eye; but it must be remembered that the sclerotica is generally involved in the inflammation, and that intolerance of light usually occurs when that membrane suffers. Inflammation of the cornea is often of long duration, continuing for many months; or, after going through an acute stage with pain and feverishness, it assumes a more indolent character, and is protracted indefinitely; the disease lasts, but the patient does not suffer. It may be produced by cold and wet, but especially by external injuries, although it is common enough as a spontaneous affection in persons of unhealthy constitution, especially the scrofulous.—LAWRENCE.

The Iris is generally involved to a greater or less degree, and is often followed by contraction of the pupil, effusion of lymph, and consequent permanent adhesion of its margin to the capsule of the lens.

Treatment.—Euphrasia, Hepar sulph., Iodine, Baryta, Mercurius, and Spigelia have been recommended.

Having thus made some general and cursory remarks upon the various diseases of the external parts of the eye, I now proceed in accordance with RUCKERT'S plan, to treat more particularly of the action of the different remedies for some of these states.

1. ACONITE.

General Remarks.—IT is regarded in the dominant school as an arterial sedative, and anæsthetic remedy, yet FLEMING found 10 drops of the tincture of the root to cause general trembling,

violent headache, pain in the eyeballs, constant lachrymation, and intense photophobia, although the white of the eye was not at all reddened. He also says that slight giddiness and dimness of vision are very common effects of Aconite, and that it may cause dull, heavy pains in the eyeballs, dimness of vision, profuse secretion of tears, pain and watering of the eyes without redness of them, black specks floating in the field of vision, dazzling, and dimness of vision.

CLAUDIUS RICHARD had a case, in which it proved homœopathic to such a frightful and painful inflammation of the eyes, with lachrymation, that the patient wished himself dead rather than to be obliged to endure such agony long.

DUDGEON supposes that the above case resembled an attack of purulent ophthalmia, but I can find no proof to that effect; besides, Aconite acts far more specifically upon the serous and fibrous tissues than upon the mucous, and is much more homœopathic to rheumatic inflammation than to purulent, or suppurative. This is a very important point, as DUDGEON has been led to recommend it as homœopathic to purulent, Egyptian, and gonorrhœal ophthalmia. It probably exerts a more specific action on the Sclerotica, Cornea, and Iris, than upon other parts of the eye, except perhaps the Retina; the severe pains, intolerance of light and lachrymation, with but slight redness of the eye, point rather to irritation or inflammation of the sclerotica and cornea, than of the conjunctiva.

Its action upon the *Iris* is equally decided and peculiar. FLEMMING says, when the conjunctiva is slightly painted with Aconitine, *contraction* of the pupil speedily takes place, and continues for several hours. PEREIRA has observed it to cause *contraction* of the pupil in some amaurotic cases of several years standing, and in which the iris was insensible to, and underwent no change on exposure to strong light. FLEMING also applied *Aconitine* to the eyeball of a rabbit; the pupil commenced to *contract* in three minutes; in five minutes it was scarcely one sixth the size of that of the other eye; when the contraction was at its extreme, the pupil was insensible to light; at other times it retained some of its mobility; this contraction of the pupil persisted for nine hours. It will be seen, that its action upon the iris is opposite to that of Bellad. and Stram.; it may prove homœopathic and curative to the contraction of

the pupil which attends Iritis; to headaches, congestions, inflammations, and dropsy of the brain, and apoplexy when attended with contraction of the pupil.

FLEMING says, that its sympathetic action on the *retina* is remarkable; for, when applied to one of the temples, or one side of the forehead, more or less blindness of the same side will be produced; it is apt to cause giddiness with confusion of sight; headache, with vertigo and dimness of vision; in four cases FLEMING found it homœopathic to almost total blindness from paralysis of the Retina, or Iris. In one of MATTHIOLUS' cases it proved homœopathic to intermitting amaurosis; three times the patient became perfectly blind, and recovered his sight.—PETERS.

b. NOACK advises it in catarrhal ophthalmias only when they also bear a rheumatic character, especially when chemosis,—that is, great redness and swelling around the cornea—has taken place; when there is heat and burning in the eye, especially in the left, great photophobia, inflammation and lachrymation of the eyes, with excessively severe pain; swelling and inflammation of the eyes, with redness of the conjunctiva and sclerotica; in inflammations excited by the presence of a foreign body in the eye, attended with redness, stinging pain and aching in every part of the eye, intolerance of light, and lachrymation; dryness of the eyes and heaviness of the upper lids; painful, tense, red, and hard swelling of the lids, especially in the morning; sensation as if the whole eyeball were pushed into the orbit; prickling and smarting of the eyelids, as if a cold were about to set in; soreness and itching of the eyelids; yellowness of the whites of the eyes; sparks and mist before the eyes, with flashes and scintillations; luminous vibrations, and tremulousness of light.—PETERS.

c. According to HAFF, Aconite is a useful remedy against inflammation of the eyes, excited by mechanical injuries; it is most beneficial in the early stages, although it may be used at a later period, especially if severe pain and intolerance of light are present.—Archiv., vol. viii., part 8, p. 185.

d. HERING recommends it when the eyelids are red, inflamed, swollen, and hard, attended with burning, heat, and dryness of the eyes; it may then be given in repeated doses; and also when the lids are yellowish-red, swollen, or of a shining red,

and almost transparent, attended with burning and tension, and with secretion of much mucus from the eyes and nose.

e. GROSS says, that Aconite, 30, if used early, will frequently break up attacks of Ophth. neant.—Archiv., vol. x., part 2, p. 63.

CASE 9.—A coachman, aged 45, addicted to brandy-drinking, had had severe catarrhal ophthalmia for 7 days; the lids, especially the upper ones of both eyes, were much swollen, red, hot, and painful; profuse secretion and discharge of purulent mucus from the eyes, with lachrymation. The white of the eye was much swollen, reddened, and formed a soft wall round the cornea—chemosis; the cornea of the right eye was clear and sound, while that of the left eye was dull and gray, with a small, flat, roundish ulcer. There was great intolerance of light, constant flow of tears, continual tearing and shooting pains in and about the eye, so much aggravated at night as to render sleep impossible. There was the sensation as if the eyeball was swollen and enlarged, and would come out of the socket. The sight of the left eye was imperfect and dim; there was constant confusion in the head, and fever in the evening.

Treatment and Result.—Aconite 12, every two hours for two days, and then the 15th dilution was used; after the second night the patient could sleep comfortably; in five days he could open his eyes himself, as the swelling of the lids, inflammation of the white of the eye, the purulent secretion, and intolerance of light were much lessened; on the tenth day, he was comparatively well, although the ulcer still required the use of Tinct. Sulph.—*Gen. Hom. Journal.* Vol. 19. DR. KNORRE.

CASE 10.—A woman, aged 28, suffered with a similar, but still more severe attack of inflammation of the eye.

Treatment.—Aconite 3, was given in two-drop doses, every two hours, and two drops of Tinct. Sulph. every evening; the cure was perfected in 7 days.—*Ibid.* DR. KNORRE.

2. ALUMINA.

General Remarks.—Dr. DUDGEON has recommended this remedy in *Ophthalmia senilis*, which is a chronic inflammation of the conjunctiva of the eyes and lids, in which the angles and edges are also much involved. It is most indicated when there is a burning, prickling, smarting pain, as if from an acrid substance in the angles of the lids; violent itching in the eyes,

canthi, (angles,) and lids; smarting as if from soap in the eyes, and burning, with increased mucous secretion and itching, redness of the eyes, with rawness in the angles, and weakness of sight; in the evening he sees a halo around the candle, and must often wipe his eyes, which become glued together at night; redness of the right eye, with raw feeling and lachrymation; inflammation of the white of the right eye, without much pain; falling out of the eyelashes; weakness of the lids; they are disposed to droop, without the patient being sleepy; partial paralysis of the upper lid, (ptosis;) it hangs down and half covers the eye; lachrymation and increased secretion of mucous fluid; nocturnal agglutination of the lids, persisting for several weeks, and attended with diurnal conjunctivitis, and increased mucous secretion.—*Brit. Journ. Hom.* Vol. 6, p. 217.

b. I have often used a weak solution of Sulphate of Alumina in chronic catarrhal affections of the lids, with very great benefit; the local, combined with the internal application of specific remedies, often proves far more efficacious than the internal use alone.—PETERS.

3. AMMONIUM.

General Remarks.—ATTOMYR recommends this remedy in inflammations of the conjunctiva, especially when the conjunctiva of the *cornea* is particularly involved, and vascularity of the cornea is present; if the irritation of the eye be very great, it may be assisted with Tabacum, used internally, in small doses.—PETERS.

4. ANTIMONIUM TARTARICUM.

General Remarks.—DUDGEON says that it has been recommended in rheumatic ophthalmia, while the known anti-rheumatic virtues of this drug are a further confirmation of the propriety of using it in such cases. I have always regarded Antimony as a remedy peculiarly apt to excite suppuration and purulent inflammation, and have used it with much success, both internally and externally, in the several forms of catarrhal, muco-purulent, and purulent inflammations of the eyes. DUDGEON also hints that it may prove homœopathic to gouty ophthalmia, as it causes burning and smarting of the eyes, with redness of the conjunctiva, especially in the evening; redness and

inflammation of the eyes, with swelling of them, and distention of the *ciliary* vessels. It ought to prove homœopathic and specific against *Pustular* ophthalmia.—PETERS.

5. ARGENTUM NITRICUM.

General Remarks.—Dr. DUDGEON, after quoting the effects of Nitrate of Silver upon the eye, observed by Dr. MÜLLER, of Vienna, from small doses taken internally, remarks: "The symptoms of Nitrate of Silver, which we owe to the industry of Dr. MÜLLER, are the more valuable, as they were not produced by the *local* action of the drug upon the eye, but by its action when taken internally in small doses, (from the 2d to the 30th dilution;) they afford a remarkable corroboration of the long credited specific action of *Silver* upon the eye, and, he believes, prove the employment of eye-washes containing lunar caustic to be efficacious in virtue of their homœopathic action. They teach us, moreover, that in Nitrate of Silver we possess a remedy of remarkable powers in some very important and dangerous inflammations of the eye; a remedy, which, to judge *à priori*, is second to none in affections of the mucous membrane of the eye, especially in those of a hœmorrhagic character; *à posteriori*, we have ample proof of its efficacy from the records and experience of the old school. It may be objected that the Allopathic cures were effected by the local application of solutions of lunar caustic to the eye, and that they were owing to the general stimulant, astringent or corrosive properties of the drug, and that the quantity used was such as to be quite opposed to the notion of a homœopathic specific action. To this DUDGEON says, he may reply that the stimulant or astringent properties of a solution of lunar caustic dropped into the eye, are insignificant with those of many other substances that have little effect in inflammatory diseases of the eye; one obvious reason of this being, that the instant the solution comes in contact with the secretions of the eye, it is decomposed, and an inert chloride of silver is formed, which is speedily washed away by the gush of tears which ensues; thus the action of the caustic is but momentary, and *the quantity infinitesimal.* DUDGEON also says that he must be allowed to say a few words respecting the use and utility of local applications in eye-diseases: "Many eye-diseases

are of a strictly *local* character, attended by no constitutional symptoms whatever; whilst others again are eminently dependent on the constitution of the patient. It is obvious, then, that though it would be vain to attempt the cure of constitutional eye-diseases by local remedies, there is no absurdity in treating a purely local disease by *local* means." He would have no hesitation in employing the appropriate remedy locally; experience has shown the advantage of using a solution of Arnica in cases of wounds and bruises of the eye; and he doubts not, that other remedies may be applied *locally* with advantage. For his own part, his experience of the *local* employment of Nitrate of Silver, especially in Ophth. neonatorum, and the severer kinds of catarrhal ophthalmia, has been so striking, that he would be very sorry to dispense with this remedial means in these and other diseases. The solution which he has been in the habit of employing contained from 2 to 4 grains of the nitrate to an ounce of distilled water, and should be carefully introduced beneath the eyelids with a camel's hair pencil, once every two, three, or four days, according to the severity of the symptoms.—*Brit. Journ. Hom.* Vol. 6, p. 218.

b. LAWRENCE gives the credit to MR. MELIN for being the first to use nitrate of silver, locally, in diseases of the eye; he was led to adopt this mode of treatment in ordinary conjunctival inflammation, because he was unwilling to treat the disease as actively as was the common practice in the dominant school, and because he could not believe that a mere local disorder could require such extensive depletion and depression, as was usually practiced and recommended. He used 4 grains to the ounce, applied twice a day; it excited pain and a sensation of roughness, with an increased flow of tears, for about 20 minutes, after which the eyes felt much relieved, and in a few days the cure was effected. Since that period, up to 1840, he had treated nearly 300 cases of acute ophthalmia, some of them of a severe nature, in a similar manner, without either local or general bleeding, and thus has had ample opportunities of proving its efficacy.

CASE 11.—A male infant, aged 14 days, had suffered since its birth with severe inflammation and swelling of the eyes, with profuse muco-purulent discharge, (oph. neonatorum.)

Treatment.—Argent. nit. 6 was given internally, and a solu-

tion of one grain to the ounce of distilled water was applied twice a day; a cure was effected in 7 days. Similar happy results were witnessed in many other cases.—*Brit. Journ. Hom.* Dr. Dudgeon.

CASE 12.—A girl, aged 7, had measles, 3 weeks before, and inflammation of the white of the left eye for 2 days, with profuse flow of tears, great intolerance of light, discharge from the nose, and constipation.

Treatment.—Bellad. 3 was given twice a day, and on the 6th day, the eye was much worse, there was great pain, with fever; Acon. 3 was given 3 times a day, and soon removed the pain and fever, but the inflammation of the eye persisted with more or less intensity, for 7 weeks, notwithstanding the use of Puls. Euphrasia, Arsenicum, Sulphur, Nux., Acon., and Calcarea, and even attacked the other eye; the pain was often violent and the intolerance of light was often excessive during the day, although it lessened towards night. Dudgeon now resolved to try the *Silver*, but as he had no dilutions of the Nitrate, he administered Argent. met. 6, in solution, a spoonful every night for a week; this completely and permanently removed a very troublesome inflammation, without the necessity for any local application.—*Brit. Jour. Hom.* Vol. 6, p. 220. Dr. Dudgeon.

6. ARNICA.

General Remarks.—This remedy has long been supposed to possess the power of promoting the absorption of extravasated blood, such as occurs from injuries, bruises, or rupture of blood-vessels. Sobernheim asserts that it facilitates the circulation of the lymph, and increases the absorbent powers of the whole lymphatic and venous systems, and thinks that this conjecture will account for its well-known efficacy in extravasations of blood induced by mechanical injuries, such as falls, blows, concussions, and rupture of blood-vessels. But there is another side to this picture; the same author says, that in consequence of its acrid properties, it may cause congestion of blood towards internal parts, such as the heart, chest, and head, causing palpitation, headache, pain in the chest, and difficulty of breathing; its acrid action upon the skin and kidneys may even go so far as to produce extravasations of blood from both these parts. Richter says that one of its most marked actions is upon the

activities of the skin, whose functions it may arouse from the deepest torpor; and the breaking out of perspiration, which, at times, is of a *reddish* color, on the chest, is one of its most common and constant effects.—PETERS.

b. DUDGEON says, besides the obvious use of Arnica in wounds, bruises, and traumatic inflammations of the eye, some of its effects would indicate that it might prove useful in rheumatic inflammation of the eye. He also adds, that we are more indebted to experience and analogy for its use in traumatic affections of the eye, than we are to any aid which we receive from the record of its pathogenetic effects upon this part. He also says that the local application of a weak solution of Arnica is advisable in some cases of recent traumatic ophthalmia, but care must be taken that it be not too strong; five or six drops of the tincture, in an ounce of distilled water, will suffice.—*Brit. Jour. Hom.* Vol. 3, p. 220.

CASE 13.—A man injured his eye, 15 days before, with the spur of an ear of grain; there was an ulcer, of the size of lentil, on the cornea, and the white of the eye was much inflamed and reddened.

Treatment.—Arnica water was applied externally; and 1 drop of the tinct. was given, internally, twice a day. A cure was effected in 7 days.—*Gen. Hom. Jour.* Vol. 3, p. 78. TURREL.

CASE 14.—A man aged 30, received a violent blow on the right eye thirteen days ago; the eye was violently inflamed; the cornea was dim, and marked by a small whitish-gray spot; the sclerotica was covered with a net of red vessels; there was lachrymation and intolerance of light.

Treatment.—10 drops of Tinct. Arnica in water, was applied externally from time to time, and effected a complete cure.—*Archiv.* Vol. 19, pp. 3, 163. Dr. TIETZE.

CASE 15.—A lad, aged 18, received a violent kick from a horse upon the right eye, followed by considerable inflammation and swelling of the lids, inflammation of the white of the eye, lachrymation, and violent pains.

Treatment.—Arnica 6. In the course of six days all the symptoms were improved, except the profuse flow of tears and the pains in the eyes, which were relieved by Euphrasia.—*Archiv.* Vol. 5. pp. 3, 24. Dr. BAUDIS.

CASE 16.—The following case from allopathic practice, DUD-

GEON thinks will prove the efficacy of Arnica in rheumatic inflammation of the eye. A robust man, aged 50, caught cold, and on the following day there was considerable lachrymation, shooting and tearing pains in both eyes, and in the surrounding parts, increased in bed and by warmth. The next day the white of the eye was much reddened; there was intolerance of light, and all the symptoms of a violent rheumatic fever.

Treatment. The patient was kept in a dark room, was bled, leeched, purged, and sweated, all in vain; the disease increased, the pains, lachrymation, and intolerance of light grew worse, and finally the eye-ball resembled a piece of red flesh. For a fortnight more, anti-rheumatic and derivative remedies were used, and even Corrosive Sublimate was used internally and externally without effect; finally an infusion of Arnica-flowers was given (from 1 to 1½ drachms in 6 ounces of water, one half to be taken night and morning for three days, then omitted for two days, and resumed again;) in seven days the inflammation and intolerance of light were much diminished, and soon entirely removed.—*Brit. Jour. Hom.* Vol. 6, p. 221. Dr. RHUMMEL.

7. ARSENICUM.

General Remarks.—CHRISTISON says that in persons under the influence of this drug, the conjunctiva is often so injected as to seem inflamed; the eyes are apt to be red and sparkling; giddiness and intolerance of light may occur; and the eyes become bloodshot, attended with burning pains. WOOD and BACHE say that it is homœopathic to œdema, especially of the face and eyelids, attended with a feeling of stiffness of these parts, and a livid circle about the eyes. HUNT says if the use of Arsenicum be continued in small doses for a few days, or possibly weeks, a pricking sensation will be felt in the tarsi, and the white of the eye will become slightly inflamed, and that a slight degree of conjunctivitis in forty-nine cases out of fifty, takes precedence of the more grave affections which indicate an over-dose. In one case, HUNT gave five-drop doses of Fowler's solution, three times a day, for thirty-five days, when a conjunctivitis set in, which lasted for seven weeks. In a second case, the same doses caused tenderness of the tarsi, but no redness, in the course of

five days; in fifteen days, the conjunctiva of both eyes was slightly and partially inflamed; in five days more, the eyelids became stiff and itchy, with increased stiffness and pricking every evening. In a third case, the white of the eye became inflamed, and the eyelids puffy, in a fortnight. In a fourth case, the eyes became exceedingly weak in fourteen days; the lower lids were puffed and swollen, the conjunctiva reddened, and the eyes watery, so that the tears were always ready to flow. In a fifth case, the conjunctiva became inflamed in twenty-six days; the lower eyelids swollen and puffy, the eyes itched and were weak; the conjunctiva was much inflamed, with severe pain in the orbit. In a sixth case, the whites became slightly inflamed and the eyes weak, at the end of eighteen days. In a seventh case, from five drops, three times a day, the patient complained at the end of three days, of excessive weakness of the eyes, sensations of smarting, itching, and pricking in the eyelids, and of a copious secretion of tears; in seven days more, from two and a half drops, three times a day, decided conjunctivitis ensued; from one drop, three times a day, for five days more, the conjunctivitis did not improve, but rather grew worse; even from half-drop doses, the conjunctivitis remained very troublesome; dimness of sight set in, and the left eye became so singularly affected, that the patient could only see half of an object with it. In an eighth case, five drops, three times a day, for three weeks, rendered the conjunctiva very red, sore, and injected; at the end of six weeks, the conjunctiva still remained inflamed, and the lids tumefied. Judging from a few other facts, and from those afforded by the ninth case, it would seem that Arsenicum acts more decidedly and injuriously upon the left eye; after taking it for some weeks, both eyes became inflamed; then the right eye became better, but the *left* one remained considerably inflamed; in two weeks more, the medicine being continued, both eyes again became inflamed and painful; but the right eye, though somewhat inflamed, looked more natural than the left; finally, both eyes became inflamed, attended with a copious fluid discharge from the nose.—*Hunt on Diseases of Skin.*

b. DUDGEON says that Arsenicum exerts a most extensive action upon the eyes; the conjunctiva is not alone the seat of its action, but the sclerotica and choroid membranes also. It is homœopathic to some stages or varieties of catarrhal, scrofu-

lous, rheumatic, arthritic, and scorbutic ophthalmia; also in some stages of Egyptian and gonorrhœal, and more especially when the pains are extremely violent and burning, and the secretions of an acrid, serous nature. An intermittent character of the symptoms is another indication for its use. He has also found it very useful in exanthematic ophthalmia, in that following measles, especially when the lachrymation is excessive, and the tears produce corrosion of the cheek, and doubts not that it will be found equally serviceable in some cases occurring during, or after scarlet fever, or varioloid. It seems to him to be the only remedy from which we may expect any advantage in the ophthalmia from uterine phlebitis. From its producing swelling of the eyes and a beating like that of a pulse in the eyes, each throb being attended with a stitch; and from its well-known specific influence upon the hœmorrhoidal vessels, and the typical character of some of its effects, it would seem that it must prove homœopathic and useful against hœmorrhoidal- and menstrual-ophthalmia.—*Brit. Journ. Hom.* Vol. 6, p. 318.

c. According to GROSS, it is almost the only reliable remedy in obstinate inflammations of the eye, occurring in connection with influenza, and attended with ulcerations of the cornea, and very annoying intolerance of light.—*Archiv.* Vol. 13. part 2. p. 96.

d. HERING recommends it when the lids are only inflamed on their internal side; are red, painful, burning; and the eyes can scarcely be opened.

CASE 17.—A maiden, aged 14, of delicate constitution, and who had suffered for 48 hours with a violent inflammation of the conjunctiva, was cured by Arsen. 24, in 12 hours.—*Archiv.* Vol. 8, p. 2, p. 75. AG.

CASE 18.—A man of athletic frame, and bilious, sanguine temperament, had suffered, for 6 days, with a violent and painful inflammation of the white of the eye, with simultaneous internal ophthalmia; he had already been bled and leeched without benefit; then received Puls. 6 with some relief; but Arsen. 12, 2 drops in water, taken in the course of 7 hours, improved the case decidedly; the cure was then perfected by Puls. and Euphrasia.—*Gen. Hom. Jour.* Vol. 34, p. 76. BECHET.

CASE 19.—A maiden, aged 22, who had frequently suffered

with erysipelas, had had inflammation of the conjunctiva, with swelling of the lids for 8 days.

Treatment.—Arsen. 800, in solution, every 2 hours, cured her in 48 hours.—*Gen. Hom. Jour.* Vol. 36, p. 148. Dr. Schelling.

CASE 20.—A servant-girl was attacked with inflammation of the eyes, after taking cold, and had suffered for several weeks with inflammation of the conjunctiva and sclerotica, attended with great intolerance of light.

Treatment.—Allopathic treatment had been tried without avail; and Bellad. did not afford any relief; but Arsen. 30 effected a cure in a few days.—*Archiv.* Vol. 12, part 3, p. 11. Dr. Hermann.

CASE 21.—A man, aged 28, of delicate, weakly, and cachectic habit, had suffered for 14 days with a typically recurring inflammation of the eye.

Treatment.—Acon. and Bell. were given without effect; Arsen. 30 effected a cure within three days.—*Archiv.* Vol. 18, part 2, p. 43. Dr. Stapf.

CASE 22.—A delicate and slender woman, aged 32, had suffered for some time with an inflammation of the white of the eye, which recurred, regularly, every afternoon at 4 o'clock.

Treatment.—Arsenicum 30, a dose every night and morning, soon effected a cure.—*Quarterly Jour.* Vol. 1, part 2, p. 257. Dr. Lorbacher.

CASE 23.—A violent inflammation of the eye, with effusion of pus in the anterior chamber, was considerably relieved by Rhus; but a relapse occurred from imprudence in diet, attended with aggravation of all the symptoms, and the addition of congestion to the head, bleeding of the nose, constipation, anxiety, restlessness, and despondency.

Treatment.—Arsenicum 4 was given every 3 hours, and the whole disorder was gradually removed in 14 days, the gradual absorption of the pus going on all that time. Euphrasia was applied externally.

CASE 24.—A woman, aged 54, had suffered with catarrh of the head for 5 weeks, and with inflammation of the eye for 8 days, attended with swelling of the lids, redness of the, sclerotica and pain in the eye-balls.

Treatment.—Arsen. 6, 1 drop every night and morning,

effected a cure in 5 days.—*Gen. Hom. Jour.* Vol. 39, p. 36. Dr. Haustein.

According to Rückert, the above 8 cases furnish the following clinical indications for the use of Arsenicum in inflammation of the eye.

Swelling and spasmodic closure of the eyelids, which cannot be opened on account of the inexpressible pains; adhesion of the eyelashes; injection of the conjunctiva, which is covered with red blood-vessels and forms a wall around the cornea, (chemosis;) redness and granular appearance near the cornea; bluish redness of some of the blood-vessels. Violent pains from opening the eye, especially at night, when the sufferings are most severe; violent *burning* in the eye, which prevents the patient from eating or sleeping; *burning* and piercing pains in the eye; profuse discharge of corrosive tears on opening the eye; hot tears; small ulcers upon the cornea; dimness of sight; contraction of the pupils. *Excessive intolerance of light;* feeling as if the eyes had not room enough in the orbit, and were being pushed or pulled out; redness of the white of the eye, and dimness of the cornea; *intermittent* inflammation of the eye, commencing in the morning or afternoon, and diminishing by 10 o'clock at night. Aching and throbbing pains; annoying pulsation in the ball of the eye and its neighborhood. Dimness of vision; cannot see small objects, even when quite near; and large objects only at the distance of 10 feet.

Review.

Arsenicum is most suitable against congestion and inflammation of the conjunctiva, with swelling, inflammation, and spasmodic closure of the lids, and ulceration of the cornea.

It is most beneficial against *burning* and *intermittent* pains, when all the sufferings are increased at night.

Doses.—Arsenicum 4, 12, 16, and 24, were each given in 1 case; the 30th dilution in 3 instances; the 800th in 1 case. The 12th, 30th, and 800th potencies were given in solution, and in repeated doses; the 4th dilution was administered every three hours.

It was given both in acute and chronic cases, and the cures were effected in a few days, in every instance.

8. AURUM.

General Remarks.—DUDGEON supposes that gold acts not only on the superficial, but also on the deeper-seated structures of the eyes; that it will be found useful in some cases of rheumatic and syphilitic ophthalmia; while its efficacy in scrofulous affections should lead us to think of it in strumous ophthalmia; indeed it was employed successfully by Dr. LOBETHAL in such a case.

CASE 25.—A girl, aged 7, affected with scrofulous ophthalmia and great photophobia, was rapidly cured by the internal use of aurum 3, and the external application of an eye-wash made with 3 grains of aurum 1, in water.—*Brit. Journ. Hom.* Vol. 6, p. 321.

Baryta.

This remedy exerts a very specific action upon the eyes; according to PEREIRA, it has caused dimness of sight, double vision, ringing in the ears, pain in the head, and throbbing in the temples; also catarrhal discharges from the eyes, nose, and ears. Still, PEREIRA says that HUFELAND has used it with very great benefit in scrofulous affections of delicate and sensitive parts, such as the lungs and eyes.

DUDGEON says that it is homœopathic when the eyeballs are painful; when there are violent pains in the left eye, and thence over the temple to the ear; itching, burning, pressure, raw and dry feeling in the eyes, with sensations as if dust or grains of sand were in them; dry heat, burning and pressure in the eyes with lachrymation; redness of the white of the eye, with a white vesicle or pustule near the cornea; collection of matter on the lids in the morning; sticking together of the lids at night; inflammatory redness of the internal surface of the lids; swelling of the lids, especially in the morning.

DUDGEON has found it useful against ulceration of the cornea; SCHRETER used it with benefit in glandular swellings, eruptions behind the ears, and well-marked scrofulous ophthalmia.

Belladonna.

General Remarks.—At present we will confine our attention as far as possible to the effects of Bell. upon the external parts

of the eye; in two cases the conjunctiva was highly injected, the whole eye prominent and preternaturally brilliant; in another, the eyes were prominent, *dry*, and exceedingly brilliant, the conjunctival vessels fully injected, there was *a total absence of lachrymation*, and motion of the eye was attended with a sense of dryness and stiffness; the face was red and turgid. H. M. GRAY. CHRISTISON says that it sometimes renders the eyeball red and prominent, with flushing of the face and glistening of the eyes. PEREIRA says it may cause suffusion of the eyes, injection of the conjunctiva with *bluish* blood, protrusion of the eye, with dull appearance in some, or ardent and furious expression in others. DUBREYNE says that in some cases the eyes are dull and haggard, in others red, and the pupils exceedingly dilated.—PETERS.

b. DUDGEON says: In the pathogenesis of Bellad., we find indications for its use in almost every kind of ophthalmia; but it is not so homœopathic to the blenorrhagic forms as some other remedies, and consequently is less to be trusted to as a sole remedy in Egyptian and gonorrhœal, and the purulent ophthalmias of young children, than for the removal of casual symptoms, such as violent pains, congestion, and excessive intolerance of light. It is highly serviceable in catarrhal, scrofulous, arthritic, rheumatic, syphilitic and erysipelatous inflammations of the eye; and for excessive intolerance of light, when it occurs in the course of other ophthalmia. The experience of most homœopathists will furnish them with examples of the power of belladonna over the slighter forms of catarrhal and scrofulous ophthalmia. As a sole remedy, DUDGEON has seldom found it sufficient in these affections, but eminently useful in subduing the attendant photophobia and the congestion of the head so often accompanying the various inflammations of the eye.—*Brit. Journ. Hom.* Vol. 6, p. 324.

c. HERING recommends it when there is burning and itching in the red and swollen lids, which stick together and bleed when they are pulled apart, or even become everted, or are at least heavy, and as if paralyzed.

d. GROSS recommends Bellad. 3, in repeated doses every night and morning, against frequently-recurring inflammatory redness of the internal surface of the eyelids.

CASE 26.—A man, aged 38, of scrofulous constitution, and

subject to sick-headaches, was attacked with inflammation of the *right* eye, after taking cold; the white of the eye was much reddened and swollen; the eyelids itched and burned; the pupils were contracted; there was great intolerance of light; piercing, burning, and aching pains in the eye, and finally the left eye began to be involved; the attack was preceded by rending and drawing pains in the bones on the right side of the forehead.

Treatment.—Bellad. 30, in one-drop doses, removed the whole disorder in four days.—*Annals*, Vol. 2, p. 198. Dr. TRINKS.

CASE 27.—A young man, aged 23, of scrofulous constitution, who had been subject to inflammations of the eyes since his 14th year, was attacked with inflammation of the *right* eye, after taking cold; there was profuse lachrymation, with drawing and piercing pains, increased by use of the eye, and attended with intolerance of light.

Treatment.—Bellad. 30, three doses effected a cure in ten days.—*Gen. Hom. Journ.*, Vol. 12. p. 10. Dr. HARTMANN.

CASE 28.—A young, blooming maiden was the subject of a perfectly intermitting inflammation of the *right* eye, which commenced regularly every morning at 8 o'clock; it was attended with violent throbbing pains in the right temple, piercing pains in the eye, swelling and redness of the lids, great redness of the conjunctiva, profuse flow of tears, and intolerance of light. The whole attack passed off in a few hours to return again next day.

Treatment.—Bellad. 24, and Arsenicum 3, were given without effect; Aconite 20, in solution, produced relief. A relapse which occurred several months afterwards was not relieved by Aconite, but was promptly cured by Bellad. 12, two drops in water, three doses per day.—*Hygea.*, Vol. 4, p. 130. Dr. GRIESSELICH.

CASE 29.—A man, aged 25, had suffered for three weeks with a violent inflammation of the *right* eye; the eye looked like a raw piece of flesh; the conjunctiva was dark red; there was an ulcer upon the cornea; the lids were much inflamed, and the lower one everted; there was a profuse discharge of an acrid, corrosive matter; intense piercing and digging pains, with excessive intolerance of light.

Treatment.—Bellad. 400, removed the inflammation and pains in nine days; the cure of the ulcer and the corrosion of the lid was effected by sulphur and euphrasia.—*New Archiv.* Vol. 5, part 1, p. 85, Dr. STAPF.

CASE 30.—A girl, aged 20, was exposed to a draught of air after being over-heated; there was aching and watering of the *left* eye; inflammation of the conjunctiva; the cornea became dim and turbid (corneitis;) the sight was almost extinguished, and objects were only seen as if through a thick, black mist; black stripes seemed to move to and fro before the eyes.

Treatment.—Bellad. 400, caused improvement at the end of four days, and on the tenth day, the patient was comparatively well, except that objects seemed dim and indistinct, and as if seen through a fog. Cannabis effected a perfect cure.—*New Archiv.*, Vol. 3, part 2, p. 117. Dr. H., in F.

Review.

Of these five cases, three occurred in males; two in females all between 20 and 38 years of age.

In two cases, the patients were scrofulous; in three cases, the attacks was brought on by cold.

In all five cases, the inflammation attacked one eye only; the *right* eye in four instances, the left in one.

In four cases, the conjunctiva was much reddened and swollen: in two cases the cornea was affected, or even ulcerated. Great intolerance of light and lachrymation were present in every case. In three cases, the lids were much inflamed and reddened; and in one, they were everted.

The attending pains were throbbing, piercing, aching, and drawing, and extended to the neighborhood of the eyes.

Chamomilla and Belladonna have proved useful when there was hæmorrhage from the eyes.

The symptoms were aggravated by use of the eyes, by bright light, by external pressure, and in the evening.

DOSE.—Bellad. 12, 2 drops, in solution, proved useful, after
" 24, had failed;
" 30, was given in two cases;
" 400, do do do

The attacks were generally acute, but chronic in one case, and intermitting in another.

The cures were effected in from four to nine days.

BERBERILS VUGARIS.

DUDGEON suggests that this remedy will be found useful against arthritic ophthalmia, especially when there is a fine, frothy or gritty deposit on the edges of the lids; also against rheumatic inflammations of the eyes, when there is constant burning and dryness, with feeling as if sand were in them, with great redness of the inner surface of the lids, inflammation of the caruncula, stiffness of the lids, pressing out and throbbing in the eyes, pains darting into the eyes from the temples or forehead, or from the eye to the forehead, &c.—*Brit. Journ. Hom.* Vol. 6, p. 325.

BORAX

Is recommended in affections of the edges of the lids, especially when accompanied by entropium; when there is itching, burning, and rawness of the eyes, as if sand were in them; when the lashes turn in towards the eye and inflame it, especially at the outer angle, where the edges of the lids are quite raw; inflammation of the corners of the eye, with displacement of the lashes, and sticking together of the lids; glueing up of the lids at night, with a hard, dry gum, which irritates the eye like sand.—*Ibid*, p. 325.

BOVISTA

Is recommended by DUDGEON in affections of the eyes, consequent upon, or attended by eruptive cutaneous diseases, especially when there is burning in the eyes, with extraordinary heat in the cheeks; inflammation of the eyes and angles of the lids, sticking together of the lids.

BRYONIA.

DUDGEON thinks that it will prove useful not only in rheumatic ophthalmia, but also where the sclerotic coat and aqueous humor are principally affected; when the inflammation is attended with an unusually copious secretion of purulent mucus; when there is sudden swelling of the eye, with pain, discharge of matter, and redness and swelling of the conjunctiva.

CALCAREA CARBONICA

Is recommended by HAHNEMANN when there is burning and excoriation of the lids; burning and cutting in the eyes

when reading by artificial light; cutting pains in the eyelids; piercing, and itching in the eyelids, with sticking together.—*Chronic Diseases*, Vol. 2, p. 209.

HERING recommends it when there are burning and cutting pains in the lids, especially while reading; it is often useful after Sulphur.

DUDGEON thinks that it is one of our most important ophthalmic remedies, especially in scrofulous cases; also in affections of the eyes, attendant upon or subsequent to cutaneous eruptions, especially when there is excessive itching; it has proved useful in a few cases of rheumatic and traumatic ophthalmia; also in arthritic cases, and in most chronic cases of inflammation of the eyes, consequent upon measles, scarlet fever, small-pox, or dentition.

CASE 31.—It proved useful in a chronic case of inflammation of the eyelids, in which the lashes were much disturbed and destroyed, the lids swollen, sore, ulcerated, and secreting a sticky, purulent fluid, attended with violent piercing and burning pains.

Treatment.—Calc. 30, in 8 ounces of water, 1 tablespoonful, per day.—*Archiv.* Vol. 14, part 1, p. 6. Dr. GROSS.

CASES 32 to 39.—Dr. B., of D., has published seven cases, cured by Calcarea, but his detail of symptoms is scanty, and he generally used sulphur previously.

The instances in which Calcarea alone effected a cure, or produced marked beneficial effects, collectively present the following "*group of symptoms:*"

Both eyes were much inflamed, with violent piercing pains; profuse secretion of matter, and sticking together of the lids.

Burning of the eyes in the evening; feeling of sand in the eyes; stitches of pain in the eyes; watering of the eyes in the open air.

Whitish opacity of the cornea (corneitis,) so that the patient only saw a faint glimmer of light; great opacity of the right cornea, so that the patient could no longer see with that eye; *ulceration* of the cornea, and flocculent opacity of it.

Red and green haloes around the candle in the evening; intolerance of candle-light.

Among *the accompanying affections*, were: drawing and rending pains in the forehead and right shoulder-blade; frequent dry

cough; sensitiveness to every shock or emotion; profuse and long-continued menstruation.

Dullness of hearing.—The author remarks that he has cured numerous cases of inflammations of the eyes with Calcarea, especially when caused by the suppression of itch with some mercurial ointment; but that the results with Calc. were invariably most favorable when *deafness* was simultaneously present with the eye-affection.

Review.

Of the above seven cases, four were males and three females, from the ages of 4 to 25 years. In two cases the patients were of a spongy, scrofulous constitution; in one case, the ophthalmia remained after measles; in one, from itch suppressed by mercury; in another from the suppression of scald-head.

The inflammations were chronic, attended with profuse secretion of matter, considerable disease and ulceration of the cornea, and with destruction of the eye-lashes.

DOSE.—Generally Calcarea 30, frequently preceded by Sulphur. (Also see page 13.)

CALENDULA,

According to DUDGEON, deserves attention in lacerated and incised wounds of the eye; it is supposed to be as useful as Arnica is known to be in bruises, and, like it, may be applied externally, in the form of a wash or lotion. It may also be of use when the white of the eye is inflamed, attended with headache.

CAUSTICUM,

According to DUDGEON, is deserving of attention in the treatment of most cases of chronic inflammation of the eyes, and has been found of especial service where opacities of the cornea have resulted from inflammatory affections of the eye. He also thinks that it will prove as useful in some rheumatic, arthritic, and scrofulous affections of the eyes, as it is known to be in rheumatic, gouty, and scrofulous affections in general.

CASE 40.—A woman, aged 40, had inflammation of the left eye, with corrosive lachrymation and shooting pains; the candle seemed surrounded with a green halo; shooting pains ex-

tended from the eye into the head; there was an exacerbation of all the symptoms in the evening and at night.

Treatment.—Sepia 30, produced some amelioration, which remained stationary at the end of a month, when an eruption broke out over the whole body; two doses of Sulphur 60 and 30, allowed the disease of the eye to regain all its former intensity. Then Causticum 30, was given, and the affection rapidly declined, no further medicine being required.—*Archiv.* Vol. 17, part 27. Dr. B. in D.

CASE 41.—A peasant woman, aged 40, had suffered with her eyes for 14 years; they were always reddened, had violent shooting pains, and her sight was so dim that she only saw as if through a mist; there were continual beatings and noises in the head, flowing catarrh of the head, and an eruption about the neck.

Treatment.—Sulphur 30, was given without effect; three weeks after, Causticum 30, was administered, and removed all the symptoms in six or seven weeks; no other medicine was required.—*Ibid.* p. 30.

CASE 42.—A robust man, aged 30, had had bad eyes for several years; he felt, especially in the evening, burning and shooting pains, with a feeling as if he had sand in them; he had continual noises in the head, putrid taste in the mouth, and dull pain in the stomach after eating.

Treatment.—Pulsat. 30, produced marked benefit at first, but at the end of three hours, all the symptoms reäppeared; then a single dose of Causticum 30, effected a complete and radical cure.

CASE 43.—A girl, aged 18, had had itch during the previous summer, and was treated with sulphur and mercury, internally and externally; soon afterwards she was attacked with a violent ophthalmia, with purulent discharge and great swelling of the lids. She was giddy in the evening, and had never menstruated.

Treatment.—Pulsat. 4, removed the giddiness, but left the other symptoms as before; a fortnight afterwards, a single dose of Causticum 30, sufficed to cure her, and to cause the appearance of the menses.

It is supposed to be most homœopathic when there is excessive itching of the eyes, with smarting, as if from the applica-

tion of salt, with burning and dryness, stiffness, intolerance of light, and constant winking.

CHAMOMILLA,

According to DUDGEON, is best suited to catarrhal ophthalmia with much mucous secretion, and to the ophthalmias of new-born infants, when the white of the eye only is affected; it would be unsafe to rely upon it alone when there is ulceration of the cornea, or inflammation of the more deeply-seated structures of the eye. It is particularly indicated when the attack is recent, and when there is a tendency to bleeding from the congested mucous membrane. If a remedy be requisite for the ophthalmia accompanying dentition, chamomilla will generally suffice, particularly if the infant is not decidedly scrofulous.

CASE 44.—A child, aged 3 weeks, had had constant diarrhœa for a fortnight, at first greenish, then like clear soup, and finally watery and fetid, attended with violent screaming and squirming. The eyes were closed by great swelling of the lids, and on opening them forcibly, the white was found much reddened; blood flowed from the eyes every time the infant cried; its whole body was covered with a miliary eruption, and the face was excoriated, probably from the acridity of the secretions from the eyes. There was extreme restlessness, entire loss of sleep, heat of head and body, without perspiration, and coldness of the extremities. The child refused all nourishment, even from its mother's breast, and was excessively emaciated.

Treatment and Result.—Chamomilla 12, one drop; in an hour it fell asleep for three hours, then awoke quietly and took some drink; in two days its diarrhœa lessened, it had ceased crying, the eyelids were less swelled, but it could not open its eyes; the whites and edges of the lids were less red, but the bleeding had not diminished; the heat of the body was moderate, the eruption less red, and desquamation had commenced. The *Chamomilla* was allowed to act for two days more, when Bellad. 30, removed the remainder of the symptoms; for in two days after, the bloody tears and swelling of the lids had disappeared, and the eyes had resumed their natural appearance. Three weeks after, the emaciation had much diminished.—*Archiv.*, Vol. 6, part 2, p. 38. Dr. HARTMANN.

CASE 45.—An infant, aged 6 weeks, had, from its birth, a considerable swelling of the lids, with redness and profuse purulent discharge; the disease went on increasing, especially that of the left eye, which could not be opened at all, whereas the right still opened, but only when the light was dim. On separating the lids forcibly, the eyes were perceived highly reddened, especially the left. The mouth was covered with small canker-sores; the child cried very much, and had liquid, yellow, and chopped stools.

Treatment.—Chamomilla 12, was given, and in two days the child was quieter, the lids less swollen and red, and the eyes opened spontaneously; in two days more there was no more swelling or redness of the lids, the eyes opened without difficulty, the intolerance of light and the inflammation had entirely disappeared; the aphthæ had much diminished, but there were still several glairy stools per day. A small dose of Mer. sol. 12, removed the remainder of the complaint.—*Annals*, Vol. 2, p. 200. Dr. SEIDEL.

CASE 46.—A lad, aged 14, of robust constitution, was suddenly seized with severe inflammation of the eyes, from change of weather. His physician immediately ordered a large number of leeches, a blister, and some internal remedies; but his parents objected, and a homœopathic physician was called.

Symptoms.—Severe tearing headache, painful pressure on the orbits, throbbing in the temples; eyelids so swollen as completely to close the eyes; the white of the eye was all inflamed and red, and so much swollen as to form a projection around the iris, (*chemosis;*) the cornea was somewhat opaque, especially that of the right eye, in which the inflammation was most intense; objects could not be distinctly seen; they seemed as if covered by a thick mist; candle- and day-light were intolerable, so that he was obliged to remain in darkness; the least change in the air of the room, the slightest examination by the physician, or the approach of night, caused great suffering. There was want of sleep; great restlessness; fever, increased at night; feeling as if the right eye would burst out of its orbit; sensation as if grains of sand were in both eyes.

Treatment.—Chamomilla 6, to be repeated in two hours; on the next day the inflammation was much diminished, the swelling of the conjunctiva around the cornea was less, but the pain

in the head and eyes still persisted. *Phosphoric acid* 30, caused a quiet night and peaceful sleep, and the improvement was so rapid that a cure was perfected on the fourth day.—Dr. SCUDERY.

CHINA.

Dr. DUDGEON says: "The great benefit that has been found to result, in allopathic practice, from the employment of bark and its preparations in certain affections of the eye, more especially in scrofulous and rheumatic ophthalmia, would naturally induce us to bear them in mind in our homœopathic practice; in fact, until future provings shall have furnished us with more accurate indications for its employment, we must be content to be guided, in a great measure, by the experience of our allopathic brethren. It is most useful in chronic scrofulous ophthalmia, when the redness of the eyes is slight, but the intolerance of light, and other symptoms, severe; in certain stages of rheumatic and other chronic ophthalmiæ; and in those inflammatory affections of the eye, consequent upon onanism.

CASE 47.—A girl, aged 17, scrofulous, and subject to frequent attacks of ophthalmia from her infancy, was attacked with a recurrence of the disease. The white of the left eye was slightly reddened; motion of both eyes was difficult, as if sand were beneath the lids. There was a *periodical* aggravation every evening, about 11 o'clock, when the following additional symptoms occurred: great lachrymation of the left eye, sensitiveness to light; pressing pain on the orbit, which pain sometimes descended from the eyebrow into the lid, and caused this to close spasmodically; remission of the pains for several minutes; frontal headache.

Treatment.—Three hours before the next attack, one drop of China 12, was given, but the paroxysm occurred at the usual hour with increased violence; still, it did not recur on the third day, and there was no relapse.—*Archiv.*, Vol. 3, part 3, p. 77. Dr. CASPARI.

CASE 48.—A lad, aged 8 years, was attacked last autumn, after a slight cold, by a *periodical* ophthalmia of a peculiar character. Every morning at 10 o'clock, he experienced a painful pressure and drawing in of the forehead and temples, which increased every day in violence; soon afterwards his eyes became red, and commenced to weep; there was contraction of

the pupils and great sensitiveness to light. Touch and motion gave him great pain. The paroxysms lasted severely for three hours, after which the pains gradually diminished; then there was a remission until evening, during which the skin was covered with perspiration. During the attack the pulse was quick, and face red; after the paroxysm, the face was pale and the debility great.

Treatment.—The catarrhal origin, and morning paroxysms led to the use of Nux vom. 30, but without effect; Euphrasia lessened the pains, but the attacks came on at the usual hour. Then *China* 12, was given, and on the following day the attack came on an hour later, and was less severe; two doses more of China, within forty-eight hours, effected a perfect cure.—RAU.

CASE 49.—A young lady had suffered for some days with the following remarkable symptoms: a pain in the eye, which included not only the eyeball and all the part contained in the orbit, but also the superciliary sinus, and extended along the eyebrow to the temporal bone; it was of an excessively violent character, as if a knife were thrust betwixt the orbit and ball, and moved around in the orbital cavity, in order to scoop out the eye; while it lasted the eye wept, but was neither inflamed, nor particularly red. This pain commenced every morning about 8 o'clock, with the same violence, and the last trace of it disappeared about two or three o'clock, P.M.

Treatment.—After using some general means, *China* was administered, and with such rapid effects that a cure was effected. —Dr. ST. MARTIN.

CASE 50.—A man, aged 40, healthy and robust, felt much weakened immediately after bathing in the river in June; the next day he had heaviness of the head, disagreeable taste, eructations, and furred tongue; the day after, notwithstanding the use of full doses of Senna, he could not open his eyelids, which were glued together; the conjunctiva was reddened, the pupils contracted, the lids red and swollen, there was epiphora, extreme intolerance of light, heat, tearing in the orbit, disagreeable taste, violent headache, and thirst, moderate fever, with full and hard pulse, and dryness of the skin.

Treatment and Result.—Leeches, cold compresses, tartar emetic, and calomel were given without effect, but on the following day not a trace of the ophthalmia was observable; but the day after

it returned with all its former intensity, and its *intermittent* character was fully recognized. Another intermission and subsequent fit were allowed to elapse, after which a few doses of *Sulphate quinine* were given; no trace of the ophthalmia returned, although the patient was obliged to write a great deal.

CONIUM,

This remedy will be more fully treated of under the head of scrofulous ophthalmia. It has been found useful in some cases of traumatic ophthalmia.

CASE 51.—A man, aged 60, was attacked with inflammation of the eye, after an injury with a splinter of wood.

Symptoms.—Enlarged blood-vessels ran from the inner corner of the eye to the edge of the cornea, which was opaque and depressed in the centre; there was aching pain in the eye-ball, increased by looking at a bright light; a sensation of swelling of the eyeball, swelling of the lids and cheek of the same side; itching, lachrymation, and adhesion of the lids, with dimness of sight; rending pains in the right side of the head; and aggravations every evening.

Treatment.—Conium 2, ten drops in a teacupful of water, one teaspoonful every morning and evening; a cure was effected in six days.—*Genl. Hom. Journ.*, Vol. 39, p. 34. HAUSTEIN.

CROCUS,

According to DUDGEON, has long enjoyed a reputation in allopathic practice, as an external remedy against various ophthalmic affections; it enters into the composition of many eye-washes. It has been recommended homœopathically after surgical operations on the eye, when there are throbbing and itching pains. It has been used in traumatic and scrofulous ophthalmia with good effect.

It is very useful against pain in the eyes, produced by looking through spectacles of too great magnifying power. Also against the consequences of exposure of the eyes to smoke; and inflammation of the eye, produced by weeping; as it produces a sensation in the eyes as if the patient had wept too much, the eyes being all swollen and tense, and looking as if one had wept violently.

DULCAMARA

Is supposed to be the most homœopathic remedy against inflammation of the conjunctiva, with chemosis.

CASE 52.—A soldier, aged 24, of robust constitution, had inflammation of the eyes with chemosis; the disease had lasted a week.

Treatment.—He took Tinct. Dulcamara in drop doses, and was much better at the end of 7 days; the chemosis having ceased, he then took Tinct. Coccul. for redness of the conjunctiva. Dr. Horatüs.

EUPHRASIA.

Dudgeon says, it is immaterial now to inquire whether it first obtained a reputation as a medicine for the eyes from its signature, that is, from some fancied resemblance between its form and the human eye; or, as is more probable, from the experience of peasants relative to its beneficial influence on the eye. Certain it is, that its ophthalmic virtues have been pretty generally believed in, as is still farther corroborated by the passage in Milton:

> "Then purged with Euphrasy and Rue;
> The visual nerve, for he had much to see."

Many treatises have been written by allopathic authors, commending it as a true polychrest medicine in eye-diseases; but the most modern panegyrist of Euphrasia is Dr. Kranichfeld, of Berlin, who has given a detailed account of all that has been said about it by ancient authors, and lauds its efficacy not only in inflammation of the eye, but in cough, hoarseness, earache, headache, and vertigo, and brings forward cases illustrative of its power. Still, Dudgeon says, that its pathogenesis gives only obscure indications for its employment in catarrhal, rheumatic, and scrofulous ophthalmia, while experience has taught that it is peculiarly useful when there is a constant flow of tears, and intolerance of light, with disease of the cornea.

b. According to Rummel, Euphrasia, when used both internally and externally, not only accomplishes much against specks of the cornea, but also cures inflammation of the cornea, and blenorrhœa of the conjunctiva.

c. My practice, says Dr. Lobethal, compels me sincerely to recommend to my colleagues Euphrasia, whose curative virtues

have often been tested with success in ophthalmia. It has appeared to me most useful in rheumatic, catarrhal, and scrofulous cases, and where there was considerable mucous secretion from the inflamed eye; also in blenorrhœas of the eye; in all of which cases I employ Euphrasia at once, internally and externally; in the former case, in drop-doses of the tincture; in the latter, from 2 to 5 drops in 4 ounces of water.

CASE 53.—A powerful young lad, aged 14, had suffered for 4 months with considerable intolerance of light in both eyes, worst in the evening; there was a rosy redness of the sclerotica with great vascularity of the conjunctiva; his whole state was farther aggravated by accidental injury to the left eye, by a bit of straw.

Treatment.—Euphrasia 4th dilut., 10 drops in 3 ounces of water, in table-spoonful doses; and application of a wash made with 10 drops of Tinct. Euphrasia; a cure was effected in 10 days.—*Hygea.* Vol. 18, p. 42. Dr. Segin.

CASE 54.—A man, aged 50, had suffered for 6 weeks with ulceration of the cornea, against which he had already used several external remedies without avail.

The left eye was most involved, and seemed swollen and smaller; the meibornian glands were greatly inflamed and enlarged; red vessels passed from the conjunctiva on to the cornea, and emptied themselves upon a deep ulcer there; the whole cornea was dim, and conical in shape. The iris was discolored, and the pupils contracted.

Treatment.—Euphrasia, 3d dilut., was given twice daily; and a wash of Euphrasia 3d, in 100 drops of alcohol, was applied externally. A cure was effected in 3 weeks.—*Practical Observations.* Vol. 3, p. 17. Dr. Thorer.

CASE 55.—An infant, aged 6 months, had had inflammation and swelling of the lid of the right eye for 8 days, and of the left for 1 day; the eyes themselves were also inflamed; there was a flow of mucous matter from them, mixed with blood; the lids stuck together at night; there was a fluent coryza by day, and stoppage of the nose at night.

Treatment.—One dose of Euphrasia produced marked amendment in 2 days, and a cure by the 6th day.—*Annals of Klinical Homœopathy.* Vol. 1, p. 167.

CASE 56.—A robust woman, aged 22, had suffered for 10

days with ophthalmia, from taking cold; the conjunctiva of the lids and eye-balls was red; large red vessels were seen running from the outer and inner angles of the eye to the cornea; there was a continual itching and feeling as if sand were in the eyes; lachrymation and intolerance of light; the right eye was more painful than the left, and the accompanying catarrh of the nose was more troublesome in the right nostril than in the left.

Treatment and result.—Euphrasia, 3d dilut.; in 2 days she was improved in every respect, and the amendment went on, with a few interruptions, until the 5th day, when the cure was completed, without any other remedy having been used.

CASE 57.—A gentleman was attacked with inflammation of the eyes, without assignable cause. The symptoms were: headache in the forehead, with pressure in the temples; inflammation of the internal surface of the lids, with intolerable pains; intolerance of light; abundant flow of irritating mucus from the eyes; constant flow of tears; burning itching in the eyes; sticking together of the lids; black spots and mist before the eyes; habitual constipation, and depressed, restless disposition.

Treatment.—Aconite afforded only temporary relief; Cham. and Nux produced no good effect; Euphrasia, on the contrary, followed by Calc. on the 3d day, effected a cure by the 10th day.—*Archives.* Vol. 5, p. 375. Dr. Scudery.

CASE 58.—An old woman had dimness of the cornea, following inflammation of the right eye, after an attack of gout; there was complete obscuration of the cornea.

Treatment.—After the subsidence of the acute inflammation, the prolonged use of Euphrasia removed the dimness of the cornea completely.—*Gen. Hom. Jour.* Vol. 5, p. 163.—Dr. Knorre.

It has also been used successfully in one case against profuse flow of tears, and piercing pains in the eyes; in another, against the dimness or opacity of the cornea, remaining after ulceration; in a third case, to cure ulceration of the cornea; and a fourth, to remove an acrid discharge of tears.

Dose.—The Tincture was given in drop doses in 1 case; and applied externally in 2 cases. The 1st dilution was given in solution, in 1 case. The 3d was administered internally and externally in 3 cases; the 4th, in 1 case, and the 200th in 1 case.

GRAPHITE

Is indicated when there is a paralytic pain in the lids; itching, smarting, and heat in the eyes; burning in the eyes, with collection of matter in the angles; lachrymation, redness, and intolerance of light; redness and painful inflammation of the lower lid and internal corner, with acrid tears; suppuration of the eyes; weakness and redness; frequent lachrymation and much mucus; dry mucus on the lashes; sticking together of the lids; great sensitiveness to light, with redness of the white of the eye; greater sensitiveness to sunlight than candlelight.

DUDGEON says, in the above symptoms we have well marked indications for the employment of Graphite in scrofulous, and catarrho-scrofulous ophthalmia. KNORRE found it useful in scrofulous ophthalmia, with ulceration of the cornea and great intolerance of light. It may be used in herpetic affections of the eyes and lids; and HARTLAUB says it opens the gummed-up eyes of scrofulous children, when there is a simultaneous eruption upon the face. WEBER recommends it in gouty ophthalmia, in the contraction and irregularity of the pupils. It may also be thought of against chronic or tedious erysipelatous inflammation of the eyes.

CASE 59.—A man aged 40, formerly syphilitic, had inflammation of the conjunctiva extending over the margin of the cornea; constant secretion of purulent matter; sticking together of the lids; intolerance of day and candlelight; burning pain about the eyes; pains in the throat, as if ulcerated; constipation and dejection of spirits.

Treatment.—Sulphur and Nux were given without benefit; Graphite 30, was then given, one dose per day, and in 4 days improvement commenced, while a cure was perfected in one month.

HEPAR. SULPHUR. CALC.

Against pain and pressure in the eyes; burning pains in the bones above the orbit; rawness of the external angles, with accumulation of mucus; inflammation and swelling of the eye, with redness of the white; soreness of the eyes, which gum up at night; mucus is secreted and the eyes become dim, so that he can not see well in the evening; eruption of pimples on the upper lids, and under the eyes; intolerance of light.

DUDGEON says, it is homœopathic to scrofulous, catarrhal, and exanthematic inflammations of the eyes; there are also some indications for its use against rheumatic eye-affections. It is more particularly suited when the meibomian glands are much involved, with copious secretion from them, intolerance of light and vesicles on the conjunctiva. SCHROEN says, he has frequently used it with success in inflammation of the eyes attended with burning pains at the edges of the lids, redness of internal surface of lids, intolerance of light, lachrymation, enormous secretion from the meibomian glands, and consequent agglutination of the lids, pustules on the sclerotic, and even on the cornea, with vascularity of the cornea. Still he could not discontinue its use for some time, or else the same symptoms would return; when the intolerance of light was excessive, Belladonna was required. HARTMANN regarded it as indispensably necessary in the cure of scrofulous blepharo-ophthalmia, given in alternation with Digitalis and Mercurius.

HERING advises it when inflammations of the eye do not yield to Aconite, when there are aching and pressing pains, with rawness of the lids.

The Tinct. Hepar. Sulph. is useful against inflammations of the lids, when the meibomian glands are involved, when styes and much pus is present.

CASE 60.—A lady had been treated allopathically for 27 weeks, without benefit; there was an ulcer upon the cornea, and several vesicles or pustules upon its edges; pus was effused into the anterior chamber of the eye, (*hypopion;*) the globe of the eye was inflamed; there was excessive intolerance of light; burning, piercing, and aching pains, increased by moving the eye; and piercing, bursting headache.

Treatment.—Hepar. s. 9, 1 dose every other evening, for 8 days; then Euphrasia 3, in the same way. In 14 days, the ulcer of the cornea was healed, and the pus had disappeared. Pulsat. 3, in 1-drop doses, daily, was given against the remaining vesicles or pustules.—DR. ELWERT.

CASE 61.—A piece of steel flew into a young man's eye and remained adherent there, followed by violent inflammation of the conjunctiva, lachrymation, intolerance of light, acute pain, and difficult motion of the eyes.

Treatment.—Hepar. 2, soon produced relief, and the foreign body was easily removed.—CASPARI.

CASE 62.—A lad, aged 16, robust, blonde, and frequently exposed to cold, had been sick for 14 days; the lids were swollen; the conjunctiva of the lids inflamed; the angles were raw and ulcerated; increased secretion from the glands; sticking together of the lids; intolerance of light and use.

Treatment.—After several doses of Tinct. Hepar. Sulph., both eyes were cured in a few days.—*Hygea.* Vol. 6, p. 397. GRIESSELICH.

CASE 63.—A woman of plethoric constitution had been plagued often and much with catarrhal inflammation and blennorrhœa of the eyes for many years. The lids of both eyes were inflamed, excoriated, running as if corroded, especially at the internal angle; the inner surface, especially of the lower lids, were red and inflamed; heat, pain as if from a burn, smarting and itching of the lids; lids and angles stuck together with purulent mucus; large red vessels on the conjunctiva; intolerance of light; colored and dim halos around the candle; pressing pains in the eyes, forcing her to shut them.

Treatment.—The cure was effected by repeated doses of Hepar. s. 3.—KNORRE.

CASE 64.—A little boy, aged 2 years, had tinea capitis which had extended to his face; inflammation of the eyes, and a small ulcer on the left cornea; his hair had fallen off profusely, leaving bald places on his scalp; he had crusts and scabs on his head, face, and neck; his eyes were closed by the swelling of the lids, and there was a profuse discharge of purulent mucus; frequent calls to stool, difficult evacuations; some perspiration at night; peevish, fretful humor.

Treatment.—One dose of Hepar. s. 3, was allowed to act for 5 weeks; the improvement then still continuing, no further medicine was given, and he was quite well in 5 weeks more.—DR. SCHRETA.

Review.

These few cases are sufficient to prove the powerful curative influence of Hepar. s. in diseases of the conjunctiva and cornea, especially when the meibomian glands are also involved. The instance of Hypopion (case 60) is of great practical value.

IGNATIA.

DUDGEON says we can infer from the pathogenesis of this remedy, its utility in catarrhal, and catarrho-strumous ophthalmia. HARTLAUB says it is best suited against an irritated state rather than in fully developed inflammations. WURZLER recommends it after operations on the eye, where there are violent shooting pains in the temples and eyes. HARTMANN considers it to be specific in the ophthalmia of new-born infants, especially if preceded by a dose of Aconite. DESSAIX has cured traumatic ophthalmia with it. The well-known efficacy of Ignatia against the effects of great grief induced WATZKE to give it in a case of injury of the eye, which seemed to be much aggravated by that state of mind, and which had resisted all the antiphlogistic treatment of the old school.

IODINE.

Against pressure in the eyes, as if from sand; tearing pain around and under the right eye; tension, shooting and cutting stitches in the eyes, with some inflammation. *Watery, white swelling of the lids;* dirty yellowness of the whites of the eyes, with some red vessels traversing them; lachrymation.

It is supposed to be useful against syphilitic, mercurial, and scrofulous eye affections.

KALI BICHROMICUM.

DUDGEON thinks that this will prove one of our most important ophthalmic medicines; DR. DRYSDALE and he have found it useful in catarrhal, and catarrho-scrofulous ophthalmia, and used it occasionally as a collyrium with advantage; its action seems nearly confined to the conjunctiva, the deeper-seated strictures being scarcely affected by it; it may be thought of in strumous ophthalmia and in the Egyptian.

It is indicated when there is excessive itching and smarting; soreness of the caruncula; great burning and smarting; heaviness, soreness, and swelling of the eyes in the morning; pain as if sand were in the eyes, lachrymation, intolerance of light; constant winking of the eyes on account of excessive photophobia, with lachrymation and burning pain; tolerance of candlelight; redness of the edges of the lids of the conjunctiva and of the lids; agglutination of the lids; redness of the

whole conjunctiva, with aching, heat, uneasiness, and lachrymation; sticking together of the lids; yellowness of the sclerotica with some congestion; swelling and inflammation of the eyelids, with eruption upon them and on the face; tenderness of the eyes, redness of the conjunctiva, with *tendency to granulation;* violent inflammation of the eyes, with intolerance of light and dimness of vision; pustules on the cornea, with surrounding indolent inflammation; specks and leucoma of the cornea; dirty yellowness, discoloration and swelling of the conjunctiva; brown spots on the white of the eye, heat and redness of the eyes, with thickening and roughness of the inner surface of the lids, (*granulation.*)

KALI HYDRIODICUM

Is indicated when there is cutting, smarting, and burning in the eyes, with secretion of muco-purulent matter; violent burning in the eyes; intolerable burning in the lids, with intolerance of light; burning of the eyes, redness of the lids, and lachrymation; considerable swelling of the conjunctiva around the cornea, (*chemosis;*) great swelling of the lids, with increased mucous secretion; purulent mucus in the angles of the eyes; constant watering of the eyes; inclination to shield the eyes from the light.

It seems most homœopathic to catarrhal and catarrho-scrofulous affections; but it has proved useful in the dominant school against rheumatic iritis and scrofulous ophthalmia.

KREOSOTUM.

Dr. Wahle, to whom we owe our knowledge of the physiological action of this drug, considers it indicated in a variety of diseases of the eye. Dudgeon supposes it to be most homœopathic to catarrhal and catarrho-strumous ophthalmia, with great epiphora and excessive acridity of the tears.

It is indicated when there is continual great heat in the eyes, with lachrymation; pressure, burning and scalding, with heat and watering as if something had got into the eyes; sticking together of the lids; itching, smarting, and inflammation of the sclerotica; watering of the eyes; constant watering of the eyes, which swim in tears; hot acrid tears, like salt water, causing smarting and burning of the cheeks; the eyes look as if one had been weeping.

LACHESIS.

DUDGEON thinks that the rather lengthy list of symptoms attributed to Lachesis does not afford many distinct indications for its use in ophthalmia; it is perhaps most homœopathic to catarrhal and rheumatic imflammation.

CASE 65.—A government official was forced to discontinue his functions on account of a violent inflammation of the left eye; the conjunctiva of the eye and lids was red and swollen; the cornea was depressed, there was a small ulcer and abscess upon it; the eye burned, and felt as if sand was in it; there was great dryness of the nose, and burning, acrid tears ran down the cheeks; the eye was excessively tender; he was forced to remain in a totally dark chamber; the light caused him the greatest agony; tearing, throbbing pains were felt in the forehead, bottom of the eye and back of the orbit, and occasionally became so severe that they forced piercing cries from the patient; he could only get a little relief in a kneeling posture with his head resting on the bed, and bent down almost to his knees; his pulse was frequent and sharp; there was much heat of the head, great thirst, and no sleep, with extreme general agitation; he was excessively irritable.

Treatment.—Mercurius, Hepar. s., Pulsatilla, Spigelia, and Lachesis were given; Hepar. and Lachesis contributed most to the cure, which was effected in 10 days.—*Clinique Homœopathique*, p. 41.—DR. MALAISE.

LEDUM PALUSTRE

Is most useful in gouty and rheumatic ophthalmia, when the lids stick together; with great itching at the angles of the eyes; lachrymation, acrid and smarting, corroding the lower lid and cheek; painful pressure behind the eye, as if it would be forced out, without inflammation; tearing pains in the head and eyes, with inflammation; swelling and great inflammation of the sclerotica and conjunctiva; tearing pains and burning pressure in the eyes.

LYCOPODIUM.

HAHNEMANN found it useful in inflammatory affections of the eye, with nocturnal agglutination, and lachrymation by day; it is homœopathic to inflammatory affections of the conjunctiva, especially of the lids, and of a catarrhal, scrofulous, or blen-

norrhagic character. In the two former affections, it has frequently been used with advantage, and DR. GOULLON attests to its efficacy in the ophthalmia of new-born infants. It has also been used successfully in most obstinate cases of scrofulous ophthalmia.—DR. DUDGEON, (*Brit. Jour. Hom.* Vol. 6, p. 483.)

MERCURIUS

Is indicated when there is agglutination of the lids in the morning; pressure, shooting, burning, and smarting in the eyes, with heat and lachrymation; inflammation of both eyes, with many red vessels on the whites, with intolerance of light.

Inflammation around the edge of the cornea of a peculiar lilac color, with aching in the eyes.

Inflammation of the conjunctiva of the lids and ball; redness and swelling of the lids; excoriation of the angles of the eyes; burning and itching of the lids, with thick muco-purulent secretion, and agglutination; ulceration and eversion of the lids.

Fluory inflammation of the membrane of the aqueous humor, and of the substance of the iris.

Retinitis with burning, pressing pain deep in the eye, great intolerance of light, constant lachrymation, colors, sparks of fire before the eyes.

DUDGEON says, it is homœopathic to catarrhal, scrofulous and exanthematous ophthalmia; while rheumatic, arthritic, syphilitic, and gonorrheal inflammations have all been treated successfully with this remedy.

CASES 66 to 70.—A mother and four children were attacked with inflammation of the eyes; there was inability to open the lids; slight inflammation with smarting pains; much lachrymation; feeling as if a foreign body were under the lids; intolerance of day and candlelight; stools slimy and acrid.

Treatment.—They all took Merc. Sol. 2, and recovered in 8 days, without relapse.

CASE 71.—An apprentice had had inflammation of the eyes for 3 weeks. Both eyes were reddened, especially the left; the cornea was red and dim, and surrounded by a raised swelling of the conjunctiva, (*chemosis;*) the eyelids were dry and swollen; the inflamed parts burned violently; and there was intolerance of light; it seemed to him as if fiery sparks flew from

his eyes; there were stitches of pain in the eyes and temples; the sight was dim.

Treatment.—Puls. 12, was given without effect; then Merc. 30 and 18, produced so much relief in 9 days that he could go to work again.

CASE 72.—A woman, aged 67, who had frequently suffered with erysipelatous inflammations, was attacked with violent inflammation of the eyes; the sclerotica was very red, and swollen up into a high ridge, (*chemosis;*) the cornea was quite dim, and pus was already forming between its layers; she had headache, dizziness, slimy, yellowish and whitish coated tongue, loss of appetite, much thirst, high fever, with congestion to the head, with intercurrent chills, inclination to perspire, moist skin, fleeting stitches of pain here and there in the limbs and body, restlessness and sleeplessness at night.

Treatment.—Mercurius 1st and 3d, was given internally; and a solution was also applied externally to the eye; a rapid cure was effected.—*Hygea.* Vol. 17, p. 372. DR. SCHELLING.

NUX VOMICA.

CASE 73.—A youth, aged 22, had suffered for several years, every spring and fall, with ophthalmia, which generally lasted several weeks.

There was a burning, itching pain in the eyelids; collection of matter in the angles of the eyes; inflammation of the eyes, with intolerance of light, especially in the morning; rending pains at night; constipation; hæmorrhoids.

Treatment.—Nux 24, removed the whole attack in 4 days. —SCHRETER.

CASE 74.—A child, aged 6 weeks, had bleeding from the eyes, which seemed protruded; there was swelling of the lids; the vessels of the sclerotica were much enlarged; small drops of blood exuded from the surface of the eyes; eructations and regurgitations after eating or drinking; attacks of twisting and screaming, relieved by the expulsion of flatulence; constipation, with hard stools, great straining, and prolapsus of the rectum; perspiration on the head; coldness of the limbs; restless sleep; great restlessness.

Treatment.—Nux 30; on the 3d day the constipation was removed; the rectum did not prolapse; the sleep was more

quiet, and the turgescence of the blood-vessels had disappeared.—*Archiv.* Vol 6, part 2, p. 42. HARTMANN.

PHOSPHORUS.

DUDGEON thinks it indicated in some cases of catarrhal, scrofulous, rheumatic, and perhaps arthritic ophthalmia. KNORRE found it useful in inveterate catarrhal ophthalmia, when both the eyes and lids were inflamed; the edges of the lids raw and sore; constant lachrymation, causing smarting and burning; copious secretion of thin, muco-purulent matter; itching, and burning in the eyes; sticking together of the lids; dimness of vision.

PULSATILLA.

LOBETHAL recommends it when there is decided inflammation of the meibomian glands, with great lachrymation and profuse mucous secretion. In catarrhal ophthalmia, with agglutination of the lids in the morning, it is the principal remedy; it is also useful in scrofulous and syphilitic ophthalmia, and is the best remedy in O. morbillosa, the most severe cases of which it suffices to cure.

It is most indicated when there is a smarting pain in the eyes, with dryness, and feeling as if some foreign substance were in them; swelling of the eyes, and sensation, as if one were squinting; red, inflamed spots near the cornea; burning and itching of the eyes; sensation as if hair or sand had got into the eyes; sensitiveness to light, with excessive tearing, boring, and cutting pains; inflammation, swelling, and redness of the lids and their edges; styes upon the lids, with inflammation of the whites of the eyes.

CASE 75.—A delicate lady, aged 28, was attacked with acute, bright-red inflammation of the *left* eye; she had pricking, burning, and biting pains in the balls; lachrymation and dimness of vision; there was a spot on the edge of the cornea; fever, anxiety, and oppression of the chest.

Treatment.—Pulsatilla 4, in solution, was used internally and externally, and effected a cure in 8 days.—*Hygea.* Vol. 13, p. 59. DR. SCHELLING.

CASE 76.—In the autumn of 1845, an epidemic of ophthalmia occurred, in which there was profuse lachrymation, by day and night, excessive secretion of mucus, which stuck the lids

together at night, with feeling as if grains of sand had got between the eyes and lids.

Treatment.—Pulsat. 2, 3, or 6, never failed to afford relief, except in a few dyscratic subjects, in whom Sulph. 6, was required in alternation.—*Genl. Hom. Jour.* Vol. 30, p. 110. Dr. Weber.

CASE 77.—A healthy woman, aged 36, had suffered for many years with ophthalmia and trichiasis, (see page 14;) the lashes were pulled out, but she had profuse lachrymation whenever she went into the open air; her eyelids stuck together in the morning, and she had aching in the eyes, and a sandy sensation, also simple cataract.

Treatment.—Pulsatilla 9, removed the inflammation.—*Archiv.* Vol. 3, part 3, p. 70. Caspari.

CASE 78.—A gentleman, aged 30, had inflammation of the eyes for 5 or 6 days, with dryness, and burning heat, worst in the evening; the edges of the lids were red and swollen; muco-purulent matter glued the lids together; the conjunctiva was lax, flaccid, and unequally red, as if mottled.

Treatment.—Pulsat. 3, and lotions of tepid water cured him perfectly in 18 days. Dr. Y.

CASE 79.—Mrs. F., about the change of life, had suffered with purulent ophthalmia for 3 weeks; she had acute pain, especially towards evening; her pulse was hard and full; and she had annoying pains in the region of the kidneys.

Treatment.—Aconite 24, was given 3 times a day, and in 6 days the pains were all gone; and the eyes were in a satisfactory state, except in the evening. Pulsatilla 12, then cured her in a few days. Malaise.

Dose.—The 2d, 3d, 4th, 6th, and 9th potencies have been used with success.

RHUS TOXICODENDRON

Is one of our most important ophthalmic medicines, especially in the catarrhal, scrofulous, exanthematic, and erysipelatous varieties.—Dudgeon.

Hering thinks that it is useful in the inflammations of the internal surface of the lids in new-born children, when the lids are closed spasmodically, become everted when they are opened, and exude a thick, yellow, purulent mucus.

HARTMANN says, the inflammation against which Rhus is most serviceable is never very bright red in color; the meibomian glands are apt to be involved; and there often is swelling, not only of the lids, but also of the neighborhood of the eye.

CASE 80.—A child, aged 2½ years, had redness of both eyes, with lachrymation by day, and agglutination at night; he had been restless and sleepless for 2 days; there was an œdematous swelling extending far down on the cheek to the wings of the nose.

Treatment.—Rhus, 30 effected a cure in 2 days.—*Annals.* Vol. 1. MSCHK.

CASE 81.—After excessive use of the eyes by candlelight, the following eye-affection set in: frequent styes, first on one lid, then on another; burning pains in the eyes, with dimness of sight; œdematous swelling of the left lids, extending to neighboring parts and preventing the opening of the eyes; the cervical and parotid glands became enlarged.

Treatment.—Rhus 12 and 18, of each one dose, and Pulsat. 12, removed the whole attack in 10 days.—*Genl. Hom. Jour.* Vol. 12, p. 22. DR. HARTMANN.

CASE 82.—An infant, aged 6 weeks, suffered with ophthal neonat., and received Rhus 9, 2 doses daily; the eyes improved continuously, so that they were quite well in 14 days. Two other similar cases were cured in the same way.—*Hygea.* Vol. 20, p. 359. DR. MALY.

CASE 83.—A scrofulous child, aged 6 months, suffered with ophthal. neonat., in full development; the inflamed lids were perfectly closed, but from time to time a gush of purulent matter poured from them; attempts to open the eyes caused eversion of the lids, the swollen internal surface of which prevented all inspection of the eyes themselves.

Treatment.—Rhus 6, in 3 ounces of water, was given in teaspoonful doses once a day, and the lids were also bathed with it. A cure was effected in 4 days.—*Archiv.* Vol. 16, part 2, p. 94. DR. GROSS.

CASE 84.—A pale, delicate, and weakly man, aged 54, frequently suffered with inflamed eyes every winter. He had been sick for a month with inflammation of both eyes, extending from the conjunctiva over the cornea, which was opaque; he had piercing pains in the eyes and temples, dizziness, pains

in the arm-pits and arms, frequent eructations, pains in the stomach, yawning, and nausea; his pulse was irritable, quick, and small; his skin dry.

Treatment.—Rhus 200, in solution, was given, and in 2 days the redness of the eyes and pain in the head had almost subsided; sleep and perspiration had set in; on the third day the pains in the limbs were removed. A relapse, 10 days after, was cured by Rhus 200, in 24 hours.—*Genl. Hom. Journ.*, Vol. 46, p. 136. Dr. SCHELLING.

CASE 85.—A woman, aged 75, who had suffered much with gout, had suffered for 22 *years* with intolerance of light, so that she could only open her eyes at twilight; every attempt to open the eyes was followed by a profuse gush of tears; the cheek was covered with a red, burning eruption, extending as far as the wings of the nose; the violent burning disturbed her sleep at night.

Treatment.—Rhus 200, was given every night and morning; in 8 days the eruption and burning had ceased, but the intolerance of light returned after a marked improvement.—*New Archiv.* Vol. 3, p. 52. Dr. NEHRER.

DOSE.—The 6th, 9th, 12, 18th, and 200th dilutions, have all been used successfully.

SEPIA

Is supposed to be most useful in scrofulous ophthalmia; according to RUECKERT, it has been used successfully in the following cases of simple (?) inflammation of the eye.

CASE 86.—A strong and hearty child, aged 4 years, had suffered for a year with repeated attacks of inflammation of the eyes; the lids stuck together at night, so that they had to be softened and moistened apart in the morning; there was great intolerance of light, and much pain in the eye; pustules formed upon the cornea, broke, and left dim spots for a long time.

Treatment.—After taking Sepia 30, he had no more attacks. —*Annals*, Vol. 2, p. 202. Dr. TIETZE.

CASE 87.—In an epidemic of asthenic inflammation of the eyes, attended with intolerance of light, especially in the morning, dingy redness of the conjunctiva, lachrymation and swelling of the lids, with much heat.

Treatment.—Two or three doses of Sepia 30, generally sufficed to effect a cure.—Dr. SCHMID.

CASE 88.—A man, aged 24, had suffered with inflammation of the eyes for 4 days; he had violent piercing pains in both eyes; the lids were swollen, and could not be opened on account of intolerance of light; profuse lachrymation; heat in the eyes; obstruction of the left nostril; confusion and emptiness of the head.

Treatment.—Sepia 30, caused some improvement in one day; and 2 doses more effected a cure.—*Genl. Hom. Journ.* Vol. 10, p. 203.

CASE 89.—A boy, aged 12 years, had suffered in consequence of styes, with a hard tumor upon the lower eyelid, which had persisted for almost 2 years; it was of the size of a small pea, adherent to the tarsus, and prevented the free motion of the lid.

Treatment.—Sepia 30, 1 dose every 8 days; after the 2d dose, pain sat in, in the induration, and inflammation and suppuration commenced; after the 3d dose the swelling broke, and the whole disorder was permanently removed.—*Vehsemeyer*, Vol. 2, part 1, page 52.

STAPHYSAGRIA.

This remedy is useful when *styes* occur frequently upon the lids, or leave indurated spots behind them, or do not suppurate and discharge properly, but become hard; also, when the eyelids are apt to stick together, with biting and burning pains, especially in the angles of the eyes, and when crusts form between the lashes.—HERING.

CASE 90.—A man, aged 44, had frequently suffered with ophthalmia; he had been in the following state for 9 weeks: both lids of the right eye were somewhat swollen, and of a bluish red color; the white of the eye was reddened, especially at the inner angle; both lids were covered with styes in their first stage of development; the lids were also stuck together with hard yellow crusts; he complained of aching pains when the eye was not covered, and at times of burning in the lids; his pulse was hard and quick, and his bowels constipated.

Treatment.—Staphysagria 15, 3 doses of 1 drop each, removed the whole disorder perfectly.—TIETZE.

SULPHUR

Is recommended by HERING when there is great swelling, inflammation, and redness of the lids, with violent burning pains, and profuse discharge of mucus and pus.

Another physician says, that in many very old and *chronic* cases, a somewhat large dose of Sulphur will often effect a more certain cure, even if it is preceded by a previous aggravation.

A third physician always gives Sulphur before he administers Calcarea, provided other symptoms do not contraïndicate it, or it has not already been taken in excess; he has observed from abundant experience that it is as useful in chronic affections, as the previous use of Aconite is in almost all acute inflammatory diseases.

KALLENBACH has given Tinct. Sulphur in the 1st or 2d dilution in ophthalmia neonatorum with the most decided benefit; it cures acute cases in 4 or 6 days; sub-acute attacks in 10 or 14 days.—*Genl. Hom. Journ.* Vol. 21, p. 88.

CASE 91.—A child, aged 6, suffered almost habitually with inflammation of the eyes; it had but few free intervals; the last attack had persisted for 6 weeks; there was great redness, swelling, and pain of the lids; intolerance of light, and outbreak of numerous small itching pustules.

Treatment—Tinct. Sulphur 5, every 3 days, increased the eruption at first; but it began to dry up after the 3d dose, and a cure was effected in 18 days.—*Hygea*, Vol. 18, p. 40. Dr. SEGIN.

CASE 92.—A woman, aged 47, had suffered from her youth with weak eyes, which often became inflamed and painful; the white of the eye and meibomian glands were swollen and inflamed; acrid tears flowed from the eyes whenever the lids were opened; both eyes were painful, as if salt had got into them; the cornea was dim; there was intolerance of light, imperfection of vision, and the patient was discouraged and tearful, fearing to lose her eyes.

Treatment.—1 dose of Tinct. Sulphur 1, produced a 3 days' aggravation, which was followed by a permanent cure.—*Annals*, Vol. 3. p. 5.

CASE 93.—A previously healthy man, aged 43, had suffered for 5 days with itching and burning pains in the eyes; the lids

were swollen; the conjunctiva reddened, swollen, and projecting like a bag over the lower lid; there were cutting pains in the eyes, and constant lachrymation.

Treatment.—Two doses of Sulphur, 3d trit., cured him entirely in 8 days.

CASE 94.—An apprentice, aged 18, had suffered since his 5th year with ophthalmia; the right eye only was involved; the conjunctiva was bright-red and inflamed; the cornea very dim, dingy, and dusty-looking, as if a skin were over it; vision was much impaired, so that he saw every thing indistinctly as if through a thick mist; the eyelids were very red and burning, they adhered together at night, and secreted a viscid, acrid, and biting fluid, which excoriated the neighboring parts; the eyes watered constantly, especially in damp weather.

Treatment.—In 8 days after taking Sulphur 400, there was a marked improvement; the redness of the conjunctiva had much lessened, the cornea was less dim, vision more certain, ready, and extended, the burning pains were lessened, and the lachrymation diminished. At the end of 8 weeks the patient was entirely well, with the exception of some watering of the eyes, which was removed by Euphrasia 200.—*New Archiv.* Vol. 2, part 1, p. 73. STAPF.

CASE 95.—A man, aged 48, had a staphyloma of the right eye, after an attack of ophthalmia; during the next year the left eye became afflicted; the whole of the white of the eye was bloody-red and swollen; the naturally brown iris had a reddish hue, (*Iritis,*) and a whitish spot of the size of a pea on its base; the eye was intolerant of light, watered much, and stuck together at night; the ball of the eye was painful when in motion; there were drawing pains about the orbits; the lids of the right eye were reddened; there was pain in the occiput on lying down.

Treatment.—Bellad. 30, did but little good; but after taking Tinct. Sulph. 3, a rapid recovery set in.—HARTLAUB.

CASE 96.—Madam B., aged 30, had been afflicted for 12 days with diarrhœa and ophthalmia; she had violent cutting pains at intervals, attended with diarrhœa and bearing down pains, worse at night; both eyes were affected, and the lids everted; the pulse was febrile and frequent.

Treatment.—Sulphur 2, effected a cure in 5 days.—*Archiv.* Vol. 3, part 2, page 117. SCHNIEBER.

CASE 97.—A child, aged 1½ years, had been troubled for 8 days with inflammation of the left eye; the white of the left eye was much reddened, that of the right somewhat so; the eyelids were greatly swollen, and could only be opened with difficulty and imperfectly; there was great intolerance of light, lachrymation, and agglutination of the lids; general febrile heat, rapid changes in color of the face, gritting of the teeth during sleep, and constipation.

Treatment.—Aconite 24, was followed by Sulphur 2, half a grain; the child improved steadily up to the 10th day, when it was entirely restored.—*Archiv.* Vol. 19, part 3, page 162. TIETZE.

CASE 98.—A man, aged 54, had already had several attacks of ophthalmia, attended with ulcers on the cornea; after much allopathic treatment with mercury, he was left in the following state: the left eye wept constantly, and could not be kept open on account of intolerance of light; the ball of the eye as far as visible was violently inflamed, and the dark-red vessels unusually filled. There was an ulcer on the lower segment of the cornea, from which bundles of red vessels radiated; sight was lost; there were piercing and burning pains about the orbit, and pus apparently had formed in the interior of the eye.

Treatment.—One dose of Acon. 2, every night and morning for 3 days; then Sulph. 2, was given in the same way for 3 more days; in 8 days the inflammation was all removed. Then Sulph. 2, 6 doses was given, 1 dose every other night; afterwards, only every 4th night; constant improvement of the sight occurred, attended with a progressive healing of the ulcer of the cornea. At the end of 4 weeks, Silex 6, was given, 1 dose every 4th night. He remained well for 5 years, when a new attack was quickly cured by Sulphur, Silex, Euphras., Calc., and Hepar.—ELWERT, p. 117.

CASE 99.—A boy was operated upon for cataract, and an obstinate inflammation of the eye was the consequence; at the end of many months he looked sickly, was weak, and had but little appetite, with a quick pulse. The eye watered, was constantly inflamed, perfectly disorganized internally, and atrophied, with entire and permanent loss of vision. The well eye began to be affected.

Treatment.—Sulphur 4, 1 dose every 4th night, was given for 6 weeks; the inflammation subsided greatly, and finally was entirely removed by Bellad. 4, 1 dose every other day.—ELWERT, p. 123.

CASE 100.—A man, aged 27, had suffered for years with periodical attacks of ophthalmia, which sometimes lasted for 3 months; had been treated allopathically for 4 weeks without benefit. The whole conjunctiva of the *left* eye was blood-red; there were aching, tensing, burning, and piercing pains in the eye; mist before the sight; rending pains on the *left* side of the head; chilliness during the day, fever at night, with quick and hard pulse.

Treatment.—Aconit. and Pulsat. were given without much effect; but Sulphur 30, produced a rapid improvement, followed by a cure in 14 days.—*Practical Contributions*, Vol. 1, p. 202. Dr. TIETZE.

CASE 101.—A young man, aged 20, had suffered for 14 days with ophthalmia in consequence of injury to the eye with a spear of corn; the ball was slightly reddened; there were burning and piercing pains; a small, white pustule close to the edge of the cornea; intolerance of light, and lachrymation.

Treatment.—Sulphur 6, cured the inflammation, and Calcarea the intolerance of light.—*Annals*, Vol. 2, p. 198. Dr. HARTLAUB.

CASE 102.—A man, aged 25, had had a violent ophthalmia for 3 weeks; the whole right eye was inflamed in the highest degree, and looked like a piece of fresh bloody meat; the conjunctiva was dark red; there were ulcers on the cornea; severe piercing and boring pains in the interior of the eye; excessive photophobia; the lids greatly inflamed; the lower one everted; and there was a profuse discharge of an acrid, excoriating fluid.

Treatment.—Bellad. 400; in 9 days the inflammation, photophobia, and pains were essentially relieved; but the ulcers, eversion, and discharge were unaltered. Ten days after taking Sulphur 400, the ulcers were healing rapidly, the inflammation and discharge from the lower lid materially lessened, and the disturbed vision improved; in 35 days there was only a little opacity of the cornea remaining. Euphrasia 200, then effected a perfect cure in 14 days more.—*New Archiv.* Vol. 2, part 1, page 85. STAPF.

CASE 103.—A woman, aged 30, had suffered for a long time with redness and swelling of the edges of both lids; the meibomian glands secreted pus; the lids stuck together in the morning; there was a burning sensation as if sand were under the lids; the patient could not work in the evening, nor read; it was even difficult to do this by day; the pains increased in the evening, lessened while in the free air, when the eyes watered more than in the house. Constipation; menstruation only every 6 weeks, and then habitually scanty.

Treatment.—Three doses of Sulphur removed the whole disorder.—*Hygea*, Vol. 3, p. 13. GRIESSELICH.

CASE 104.—A man, aged 52, received a blow over the right eye, followed by inflammation, which had been treated allopathically without success for 3 months; the conjunctiva was greatly inflamed; the cornea dim, with an ulcer upon it, and the anterior chamber of the eye was half filled with pus.—(*Hypopion.*)

Treatment.—Arnica and Senega did no good; Sulphur 6, one dose every other day, was then given, and in 14 days the pus had entirely disappeared, the ulcer had healed, and the dimness of the cornea much lessened.—VEHSEMEYER, Vol. 1, part 1, p. 18.

CASE 105.—A woman, aged 68, had been successfully operated upon for cataract in both eyes, 6 months ago; a subsequent inflammation of the right eye was followed by an effusion of pus in the anterior chamber, (*Hypopion.*) The sclerotica and conjunctiva were inflamed, and the cornea so hazy that the iris and pupil could not be seen; there was no ulceration of the cornea, but a deposit of yellow matter could be seen at the bottom of the anterior chamber; both eyelids were puffy and swollen, and their edges inflamed; there was lachrymation, heat in the eye, feeling as if the eyeball were swollen, and burning and piercing pains increased at night.

Treatment.—In the course of 11 days, 80 drops of Tinct. Sulphur were administered, followed by entire cessation of the inflammation and swelling of the lids, and the pus was partially absorbed; after taking cold, a relapse was followed by a visible increase in the quantity of pus; but Sulph. 3d trit., 3 doses per day, effected a perfect cure.—*Genl. Hom. Journ.* Vol. 19, p. 70. KNORRE.

CASE 106.—A woman, aged 38, was attacked with a swelling at the internal angle of the right eye, which discharged matter, succeeded by a flow of clear, limpid fluid; the eyelids were inflamed, the eye watered, and at the internal angle there was a sore of the size of a small pea, from which pus and tears exuded; pressure on the lachrymal sac caused the same fluid to pour out of the punctum lachrymale; the right nostril was dry.

Treatment.—The continued use of Sulphur cured the *fistula lachrymalis* completely.—*Genl. Hom. Journ.* Vol. 37, p. 249.

Review.

Of the 15 patients cured by Sulphur, 7 were males and 5 females, of the ages from 20 to 68 years; and 3 were children, 2 of which were less than 2 years old.

The causes of the disease were repelled itch, in 1 case; mechanical injuries in 2 cases; operation for cataract in 1 case; and small-pox in another.

The inflammations were violent, although often chronic; the *lids* were greatly inflamed, swollen, and even everted; the *meibomian glands* inflamed and swollen; there were *discharges* of acrid, corroding matter; the *conjunctiva* was bright red, swollen, sacculated, and resembling raw flesh; the *cornea* was dim, dirty, and apparently cuticulated, or beset with ulcers, and surrounded with a radiating vascular net-work; the *Iris* had become altered in color, reddened and marked by a white spot of lymph; there was great intolerance of light; the *sclerotica* was inflamed and ulcerated, with violent cutting, burning, piercing, and boring pains; and there was effusion of pus in the anterior chamber in 3 instances.

In 5 cases out of 15 the *left* eye was alone effected; in 3 cases, the *right.*

Dose.—The 2d and 3d triturations were used twice; the 3d dilution of Spt. Sulph. also twice; the 2d, 3d, and 4th dilution, 4 times; the 6th, twice, in repeated doses; the 30th, once; the 400th, twice.

The *Sulphur* alone effected cures in 10 cases; in others, Acon. and Bellad. were given previously with but little effect; while Euphrasia, Calc., and Silex were used 3 times to perfect the cures.

The *duration* of the disease varied from 5 days to 13 years, and more; the *time of cure* varied from 5 to 14 days, or 8 weeks.

GENERAL REVIEW OF THE TREATMENT OF SIMPLE INFLAMMATIONS OF THE EYE.

THE preceding chapter embraces 106 cases of disease, in which 18 or 20 different remedies were used.

In the more *acute* attacks we find that Merc. and Sulph. were used 7 times; Arsenicum 4 times; Arn., Bell., Cham., Hepar, and Rhus, each 3 times; Acon., Nux, and Sepia, each twice; Conium, Puls., and Staphysagria, each once.

In the *chronic* cases, Calcarea was given ten times; Sulphur, 9 times; Arsen., Bell., Euphrasia, Rhus, and Sepia, each twice; Conium, Hepar, and Puls., each once.

When the attacks were *typical* and *periodical*, Bellad. effected a cure in one case, Arsenicum in another, while Sepia proved specific in one epidemic, and Pulsat. in another.

In Affections of the Eyelids.

Aconit., Arsen., Bellad., Calc., Cham., Hepar, Merc., and Sulphur, were useful when the lids were *swollen* and *inflamed.*

When they were shining, Acon.;—red, Sulph.;—red and dry, Merc.;—*everted*, Merc. and Sulph.;—forcibly contracted, Merc.;—spasmodically closed, Arsen., Bell., and Rhus;—the internal surface only inflamed, Arsen., Bell., Rhus;—redness of the edges of the lids, Con. and Sulph.;—crowded with blood, Cham.;—swollen, Conium;—ulcerated, Merc.;—itching, Bell.;—burning and biting, Calc.;—cutting, Calc.;—as if sore and bruised, Hepar;—œdematous swelling, Rhus and Sulph.;—inflammation of the meibomian glands, nocturnal agglutination, profuse secretion of purulent mucus, Acon., Calc., Euphras., Hepar, Puls., Sepia, and Sulph.;—*Styes and Tarsal Tumors*, Puls., Sep., and Staphys.;—inflammation and *blenorrhœa* of the conjunctiva of the lids, Euphras., Acon., Hepar., Lycopod., Puls., and Rhus;—*Erysipelatous inflammation*, Hepar.;—inflamed and ulcerated angles, Hepar.

Inflammations of the Conjunctiva of the Eyeball.

When it is *inflamed and red*, Bell., Graph., Hepar, Sulph.;—when slightly reddened with varicose vessels, Puls.;—bright red, Acon., Ars., and Sulph.;—bluish red, Arsen.;—as if injected, Arsen.;—with net-like bundles of vessels, Arsen., Merc., Rhus;—spongy, Bellad., Sulph.;—*bloated*, Rhus;—with *chemosis*—a dropsical wall around the cornea—Acon., Arsen.;—*granulated*, Arsen.;—swollen, Acon.;—hanging down like a bag, Sulph.

Of the Sclerotica.

When it is blood-red, swollen, and spongy, Merc., Sulph.;—rose-red, with great development of the blood-vessels, Euphrasia;—swelled, Nux.;—ulcerated or sore, Sulph.

Of the Cornea.

When it is *conical*, Euphrasia;—when it is protruded like a vesicle or bladder, and has broken internally, Hepar.;—surrounded with a vascular zone, Arnica;—with tortuous vessels, Rhus;—with vesicles on the edges, Hepar.;—with pustules, Sepia.

When it is *dim*, Arnica, Calc., Merc., Rhus, and Sulph.;—when it is dingy, Sulph., Bell.;—when it is veiled and misty, Arsen. and Sulph.;—as if covered with a membrane, Sulph.;—when it only admits a little light, Calc.

When there is pus between its laminæ, Hepar. and Merc.;—open ulcerations, Arn., Ars., Calc., Con., and Euphrasia;—when the ulcers are surrounded by a vascular net-work, Sulph.

Of the Iris and Pupil.

When they are *contracted*, Arsen., Bell., and Euphrasia;—when the iris is reddened and covered with lymph, Sulph.

Against *intolerance of light*, Bell., Con., Calc., Graph., Hepar., Merc., Nux., Sepia, and Sulph.;—increased by crying, dust, or draughts of air, Bellad.;—especially by candlelight, Calc., Merc.

Lachrymation, Arsen., Bell., Euphras., Hepar., Merc., Sepia, Sulph.;—especially when in the wind, Calc.;—when the tears are salt and biting, Pulsat.

When *blood* flows from between the lids, Cham., Bell., Nux.

When the attending *pains* are *burning*, Arsen., Bell., Calc., Hepar. ;—when biting and burning, Merc., Puls. ;—burning and piercing, Arsen., Bell. ;—as if sore or ulcerated, Arnica ;—when there is a feeling as if the eyes were being torn out, or had not room enough in the orbits, Arsen. ;—aching pains, Bell. ;—especially when looking at the light, Euphras. and Hepar.

Among the accompanying affections, Bell., Hepar, and Arsen. were used against drawing and rending pains about the orbit ;—Calc., against deafness ;—gastric affections, and diarrhœa, Merc. ;—feverishness, Merc. and Pulsat.

Doses.—These varied from the lowest to the highest potencies ; still the latter were used less frequently, and sometimes were so inefficient that more material quantities had to be used.

Bellad. was used in a few cases in quite strong doses ; the same remedy that was given internally, was also occasionally applied externally, a procedure which certainly should be employed more frequently, especially in obstinate and chronic cases.

The above cases were furnished by 44 different physicians. The *lower* potencies, up to the 3d dilution, were used in 31 cases ; of these, 1 dose sufficed in 15 cases, repeated doses were required in 12, and solutions in 4. The *higher* dilutions, namely, from the 4th to the very high, were employed in 62 cases ; single doses sufficed in 22 cases, repeated doses in 24, solutions in 6 instances. The very high dilutions were given in 10 cases, and repeated doses were required in 4.

OPHTHALMIA OF NEW-BORN CHILDREN.

Ophthalmia Neonatorum.

Lawrence says, this is a disease of considerable consequence, and the more so from its commencing in a way not calculated to excite the attention, or alarm the fears of the mother or nurse. It causes more blindness than any other inflammatory disorder that happens to the eye ; and the number of children is very considerable, whose sight is partially or completely destroyed by it. Still, there are milder and severer

varieties of it; the milder forms are caused by cold, by exposure of the tender eyes of the infant to too strong a light, or to dust, or some other transient or mechanical cause. In the great majority of the severer cases, there is a vaginal discharge from the mother, such as leucorrhœa, or some other less simple affection; the eyes of the infant are exposed to the contact of these morbid secretions during labor, while passing through the vagina.

The inflammation commonly comes on about 3 days after birth, and in the first stage is confined to the mucous membrane of the lids; the edges of the lids stick together a little when the child wakes from sleep, they are redder than natural, especially at the corners, and if they be everted, their inner surface will be found red and villous, and a little white mucus is seen on the inside of the lower. The ball of the eye is at first in a natural state.

In the second stage, all the symptoms are increased; the inflammation extends from the conjunctiva of the lids to that of the ball of the eye; the congestion and redness are augmented; the lids swell and become red, even externally; there is a copious secretion of purulent fluid from the inflamed membrane, which agglutinates the edges of the lids, then accumulates between them, and finally pours over the face, staining the cap and linen. The lids are apt to become everted when we attempt to examine their inner surface, or even when the child cries; this eversion is generally temporary, but it may be more permanent.

If the inflammation should continue, and not be checked by suitable treatment, it soon extends to the cornea, and thus may reach the interior of the eye.

Sloughing of the cornea is one of the most common of its effects; when this change is about to take place, the cornea at first becomes whitish and dusky, then loses its polish and firmness of texture, being converted into a dirty grayish, or brownish slough. The entire cornea may thus perish and separate, and then the iris may protrude through the aperture, presenting an irregular brownish prominence. Or *ulceration of the cornea* may occur more or less considerable in depth and extent, followed by adhesion of the iris; or *opacity of the cornea* may ensue from a deposit of lymph into the substance of the

corneal conjunctiva, producing a thin grayish film; or, between the layers of the cornea, causing a dense opacity.

These several diseased processes occur very quickly, and go on rapidly; there is a singular contrast, however, between the violence of this disorder in newly-born children, and the serious consequence to which it so rapidly leads, and the readiness with which it yields to suitable treatment. Hence, LAWRENCE says, if we see a case of purulent ophthalmia before any injury is done to the cornea, we may assure the parents that the sight will not suffer.

Treatment. — KLOTAR MULLER says, at first it is advisable to give a few doses of Aconite; as soon as a considerable secretion of mucus occurs, *Ignatia* should be administered and followed by Hepar. Sulphuris, if improvement does not set in, in a day or two. TESTE prefers Aethusa Cynapium and Kreosote in the severer forms. HARTMANN prefers Aconite, followed by Sulphur, or Hepar. Sulph., when the secretion of muco-pus becomes excessive. He also advises Ignatia in the simpler forms; and Mercurius when the ophthalmia has been caused by an ordinary leucorrhœal discharge, irritating the eyes of the infant. Nitric acid and Thuya should also be thought of in severe cases. LAWRENCE depends almost entirely upon the local application of Alum to the eye, from 2 to 4 or 6 grains to the ounce of distilled water, aided by an occasional dose of Magnesia; out of many hundred instances he can hardly recollect one where the eye suffered in any respect, if the cornea was clear when the infant was first seen; using no other means than Magnesia internally, and the solution of Alum externally.

ACONITE.

GROSS says that Aconite 30, if used early, will frequently break up attacks of oph. neonat.

In one case, Aconite 200, broke up a recent case in 24 hours.

WESSELHŒFT used to cure ophth. neonat. very quickly with Dulcamara; lately he gave Aconite, Pulsat., and Calcarea without benefit; after a dose of Dulcamara the whole attack subsided in 24 hours.

LYCOPODIUM.

CASE 107.—A babe, aged 6 days, was attacked, from taking cold during the jaundice, with an extremely violent inflam-

mation of both eyes; purulent matter exuded by the teaspoonful, on the 5th day of the attack, from the œdematous and extremely swollen lids; the conjunctiva looked like raw flesh; the cornea was dim.

Treatment.—Sulphur was given without benefit; Lycopod. 30, internally, and Lycop. 9 applied externally produced rapid amendment, and in 10 days the eyes were entirely saved.—*Archiv.* Vol. 20, part 3, p. 54. GOULLON.

RHUS TOX.

HERING and HARTMANN recommend this remedy, especially when eversion of the lids takes place when the eyes are opened; or when a red swelling protrudes.

MALY cured 3 cases with 2 doses of Rhus 9, per day; and GROSS 1 case with Rhus 6, in solution, applied internally and externally. In these cases a dark-red swelling projected between the lids.

SULPHUR.

When the disease has made great progress, Tinct. Sulph. or Calcarea given in alternation, will often be found useful.—GROSS. A relapse of the disease was cured in 24 hours by Sulph. 400.

KALLENBACH effected cures of acute cases in 4 or 6 days, with Tinct. Sulph. 1st and 2d dilutions; chronic cases required 10 or 14 days.

HYPOPION.

This name designates the presence of pus in the anterior chamber of the eye; it is an occasional effect of inflammation of the aqueous membrane; but more frequently it proceeds from the bursting of a corneal abscess, and then is seen in conjunction with more or less opacity of the cornea, and acute inflammation of the external tunics of the eye. Abscess of the iris breaking into the anterior chamber may produce hypopion; it may also occur in iritis not proceeding to suppuration; in inflammation of the internal tunics; and in general inflammation of the ball of the eye; all depending upon concomitant inflammation of the membrane lining the chambers of the aqueous humors.

Treatment.—Some of the most eminent allopathic oculists, such as RICHTER, LANGENBECK, BENEDICT, and BEER, once

strongly recommended operative measures to let out the pus. In his early writings, BEER recommended letting out the matter; he appeals to his great experience, and will hardly condescend to notice objections. "Any one," he says, "who has successfully and completely cured by incisions so many cases as I have, will not think it worth while to hear or read, and much less to refute such objections." But subsequent experience induced him to change his opinion completely, and to reprobate the incision in equally strong terms. It is now regarded as an invariable rule, not to puncture the cornea in hypopion, for when the inflammation is arrested, the pus will be rapidly absorbed. Even BEER finally says, when matter shows itself in the anterior chamber, the surgeon must on no account think of opening the cornea; for the eye will certainly be much injured. It is surprising how many centuries of malpractice are tolerated before physicians and surgeons learn to place a little reliance on Nature.

In 10 cases of violent ophthalmia with especial affection of the cornea, an evident deposit of pus was observed in the anterior chamber of the eye. The following homœopathic remedies were used successfully:

ARSENICUM.

See case 23, page 64. A violent inflammation of the eye, with effusion of pus in the anterior chamber, was cured by Arsenicum 4, given every 4 hours; the whole disorder was gradually removed in 14 days, the absorption of the pus going on all the time.

HEPAR. SULPH.

CASE 108.—A woman, aged 38, of weakly and relaxed constitution, had suffered much from scrofula in her youth, and for 14 days with corneitis of the right eye. In the centre of the dull, dim, and very protruding cornea there was a pustule of the size of a pin's head, which had broken into the anterior chamber, which was filled with pus up to the level of the iris. There was fever, aching, burning, and bruised pain in the eye, extending over the head.

Treatment.—One grain of Hepar. Sulph. was given for 3 days in succession; then foot-baths containing 1 drachm of the same remedy were used for 5 days. The disease gradually yielded,

only a slight scar remained on the cornea, and the pupil was perfect in color and shape.—*Genl. Hom. Journ.*, Vol. 15, p. 4. BICKING.

Two more cases were successfully treated with the same remedy; see article, Hepar. Sulph., page 82; also chapter on scrofulous ophthalmia.

MERCURIUS.

Merc. solub. was given in 1 case; see chapter on rheumatic ophthalmia; also Merc. corrosiv. in 1 case; see chapter on scrofulous ophthalmia.

SULPHUR.

See case 98, page 97; also case 104, page 99; case 105; and the chapter on arthritic ophthalmia.

RUMMEL says that it accomplishes extraordinary results in hypopion, even when it arises from gonorrhœal ophthalmia; in one case it caused resorption of the pus in a few days.

In all these cases, although the quantity of pus was large in some, a cure was effected in from 8 to 14 days.

The *doses*, in every instance, were of the strong triturations; Hepar. Sulph. was even given in the undiluted state.

In 2 cases, Euphrasia was given to perfect the cure.

FISTULA LACHRYMALIS.

Although WALTHER says that experience has shown that the use of all and every allopathic internal remedy is invariably fruitless, while counter-irritation, even when faithfully and patiently carried out, is equally powerless, still homœopathic remedies have occasionally removed this unpleasant affection.

For remarks on the nature and treatment of acute inflammation of the lachrymal sac, see page 18.

SULPHUR.

See case 106, page 100, in which Sulph., continued for a long time, cured a fistula lachrymalis.

CASE 109.—A teacher who had suffered from childhood with fistula lachrymalis, was cured by Sulph., Stann., and Silex.—*Genl. Hom. Journ.* Vol. 39, p. 280. Dr. WEBER.

LACHESIS.

CASE 110.—A single dose of Lachesis 12, cured a fistula lachrymalis in 14 days, together with a very disgusting and obstinate eruption upon the face, after a number of other homœopathic remedies had been used without avail for more than a year.—*Archiv.* Vol. 20, part 1, page 120. SCHELLHAMMER.

NATRUM.

CASE 111.—A corpulent, but otherwise healthy woman, aged 50, had noticed for 3 months a considerable swelling on left side near the nose; pressure upon it forced out mucus at the inner angle of the eye.

Treatment.—Natrum m. 400, was given every 5th day; in 2 months this imperfect fistula lachrymalis was entirely cured.—*Genl. Hom. Journ.* Vol. 40, p. 14. GROSS.

CALCAREA.

CASE 112.—A woman, aged 47, had suffered for 8 years with a fistula lachrymalis of the right eye; the skin for an inch around was ulcerated; and watery pus exuded from the opening.

Treatment.—Calc. 30, effected considerable improvement for 2 months: then Lycop. 30, was given; and finally Calc. 30, perfected the cure at the end of 4 months.

CASE 113.—A maiden, aged 13, had suffered for a year with fistula lachrymalis, against which several homœopathic remedies had been given in vain. A scab frequently formed upon the unnatural opening, which then remained closed for several days; but the scab soon fell off again, and the fistula was reëstablished.

Treatment.—Silex and Petrol. diminished the size of the opening, and lessened the swelling, redness, and quantity of mucus which could be expressed from the sac. After giving 2 doses of Calc. 200, the opening closed in 14 days, and was covered with a thin membrane; all swelling about the sac had disappeared.—*Genl. Hom. Journ.* Vol. 34, p. 200. RUMMEL.

CASE 114.—A woman, aged 50, had a fistula lachrymalis for 3 years; the sac enlarged from time to time, and had to be emptied of its accumulation of pus by pressure.

Treatment.—8 doses Calc. 30, effected a perfect cure. SCHULZ. HARTLAUB and SCHOLZE were equally successful.

Review.

Calcarea effected 3 cures, two of which were accomplished by the 30th dilut., one by the 200th potency. Lachesis was successful in 1 case; Natrum, in 1; Stann. and Silex, in 1; and Sulph. in 1.

RUCKERT has noticed that this obstinate disorder will often not yield to any remedies for a length of time; but finally the right medicine will cure it.

SCROFULOUS OPHTHALMIA.

According to LAWRENCE, this is an external inflammation of the eye, occurring in scrofulous subjects. In scrofula, the morbid disposition is generally strongly marked; certain forms of disease are so easily excited, and return so readily, that it is often almost impossible to keep them off; and those membranes which are exposed to the external air are apt to suffer the most; for instance, the eyes, nose, and lungs.

"Two kinds of constitution, differing considerably in some respects, are observed in persons called scrofulous. In one, there is a pale and bloated countenance, a swelling of the upper lip and septum of the nose, and a tumid abdomen; the mucous membrane of the stomach and bowels is easily disordered by errors of diet, or by trifling causes which would have little or no effect on other persons; the nutrition of the entire body is more or less impaired; there is a languid state of the circulation, so that the skin is pale and rough, the extremities are cold, the muscles are loose and flabby, and there is a kind of torpor in all the functions, bodily as well as mental." The whole forming the so-called *torpid scrofulous constitution.*

"In another set of scrofulous subjects the skin is fine and thin, the veins distinct; there is an almost unnatural color in the cheeks; the circulation is rapid, the nervous system irritable, and both are easily excited. The various functions of the body and mind are performed quickly; a premature development of intellect is often observed in such children, and they are powerfully affected by all external influences, forming the so called *irritable scrofulous constitution.* LAWRENCE justly says

we can not suppose that the phenomena and treatment of disease will be the same in the two kinds of constitution just described, though the term scrofulous is used in both instances.

Of the remedies which have been used successfully against scrofulous ophthalmia, Arsenicum, Aurum, Belladonna, Euphrasia, Mercurius solub. et sublim., Pulsatilla, Rhus, and Sulphur, are most homœopathic to the *irritable* or acute varieties. while Calcarea, Causticum, Conium, Hepar. Sulph., Magnesia, and Silex, are most homœopathic to the *torpid* or chronic varieties.

According to ANCELL, in Scrofula, the *Red* corpuscules of the blood are deficient in number and defective in structure; the Globulin, Haematin, and Iron of the blood-globules are all *deficient.* Hence China, Ferrum, and Manganese are important remedies in the treatment of the scrofulous constitution.

The *serum* of the blood, or the liquor sanguinis is vitiated in quality; the water, albumen, and lime being in decided *excess.* Hence albuminous articles of food, and those containing an excess of lime, and lime-stone water, should be carefully avoided in scrofulous persons. The fibrin of the blood is rather below the natural standard, except when irritation, fever, or inflammation sets in, and even then the quantity of fibrin is manifestly lower than it would be if either local inflammation of the same parts, or general inflammatory action occurred in individuals whose blood was previously healthy. The *quality* of the fibrin is always *defective.* The fatty matters are often decidedly deficient, also the alkaline and earthy salts. Hence the food of scrofulous patients should contain a good deal of *fibrin*, an excess of *fat*, and of alkali. Professor SCHULTZ states that when blood is in its natural alkaline state, 2 drops of acetous acid will neutralize one drachm of serum, while in one scrofulous patient he found the serum quite neutral, and in another scrofulous subject, one drop of acetous acid neutralized 4 drachms of serum. BENNETT'S theory of scrofula is, that too much albumen and too little of the oleaginous principle is conveyed into the economy; that there is a decidedly acid state of the primæ viæ, which, while it renders the assimilation of the albuminous principles more easy, by neutralizing the alkaline pancreatic juice, prevents the solution and assimilation of the oleaginous principle; hence, in a short time the

blood becomes overloaded with albumen, and decidedly deficient in fatty substances. In the treatment of scrofula by dietetic means, it may be as important to avoid albuminous articles of diet, as it is well known to be to avoid sugar and all substances which may be converted into saccarhine matter, in diabetes. Acids should be avoided; the use of alkalies may be encouraged.

It is impossible to point out all the articles of diet which scrofulous persons should avoid, or prefer. The gravy from the dish of beef, pork, and mutton, should be avoided, perhaps, as the blood of ox, sheep, and pig contain from 18 to $\frac{19}{1000}$ of albumen, while the muscle of beef, pork, and deer contains only from $\frac{2.2}{1000}$ to $\frac{2.6}{1000}$, or $\frac{2.3}{1000}$; the flesh of veal and chicken, from $\frac{3}{1000}$ to $\frac{3.2}{1000}$; that of trout and pigeon, from $\frac{4.4}{1000}$ to $\frac{4.5}{1000}$; that of carp, only $\frac{5.2}{1000}$. Isinglass, white and yolk of eggs, liver of the ox, and sweetbreads are, perhaps, objectionable, as they contain respectively, from $\frac{7.2}{1000}$ to $\frac{13.5}{1000}$, 15.5, 17.47, and 20.19. Still, in practice, some of these apparently objectionable articles are not absolutely so; thus, according to MAGENDIE, the white of eggs combines a number of conditions favorable to digestion. It is alkaline, contains saline matters, and especially common salt in very large proportion; the animal matter which it contains is the same as that found in the chyle and in the blood; it is liquid, but is coagulated by the acids of the stomach, forming flocculi having but little cohesion. Lastly, white of egg contains some organized membranes, which may perform in digestion some useful and perhaps indispensable function.

Of the exciting causes of scrofula, cold is the most powerful, especially when combined with moisture. The next in order of the direct causes is insufficient or unwholesome food, excess or irregularity of diet, especially when aggravated by sedentary habits, neglect of exercise, and residence in an impure atmosphere. Hence, warm clothing, active exercise, fresh air, and proper diet, are indispensable *in the treatment* of scrofula.

To return to the consideration of scrofulous ophthalmia: The external redness of the eye is often inconsiderable, and sometimes more apparent in the lining of the lids than in the eye itself. Single blood-vessels, or bundles of them run across the white of the eye to the cornea, and either extend

over its margin, or stop short at the boundary between it and the sclerotica. Where these blood-vessels terminate we observe small elevations called vesicles, pustules, or phlyctenæ. These pimples, which may have a whitish appearance, or contain a little clear or yellowish fluid, may be single, or in great number, situated on the cornea, or sclerotica, or, which is more frequent, on the boundary between them. The occurrence of these elevations, which is characteristic, though not belonging exclusively to the present affection, has led MACKENZIE to regard scrofulous ophthalmia as "an eruptive disease, affecting the white of the eye, not as a mucous membrane, but as a continuation of the skin over the eye, and to call it phlyctenular ophthalmia." LAWRENCE. "I regard these vesicles or pustules as eczematous or impetiginous in their nature, and that scrofulous ophthalmia is in reality an eruption of eczema, or a salt-rheum of the eye; often the eruptions upon the eye and skin approach eczema impetiginodes in character." ANCELL classes eczema among the scrofulous eruptions.

In scrofulous ophthalmia, the effect of light upon the eye is peculiarly painful, and the uneasiness produced by it is often carried to an extreme degree, so as to constitute a distinguishing symptom of the complaint. The head of the patient is always held down to avoid the light; the lids are spasmodically closed, and a powerful contraction of the muscles of the eyelids offers an effectual obstacle to any attempt at opening them. The spasmodic action of this muscle, (the orbicularis,) excited by exposure to light, causes actual pressure upon the eye, and makes the patient scream or wince with pain; it also makes the lids look as if they were swollen, although they are not so. The patient makes every effort to protect the eye from the painful impression of light, contracts the brows, throws the skin between them into wrinkles, draws down the skin of the forehead, elevates the lips and wings of the nose, and in short, puts into action all the muscles of the face to protect the suffering organ. Hence arises a peculiar and characteristic expression of the countenance. The painful impression of light upon the eyes, in severe cases, is such, that the patient seeks the very darkest corner of the room to escape from the light, and if in bed, it will turn the face against the pillow, or hide it under the clothes; or if brought into the light it presses its hands against

the eyes and holds the head down; great irritation, redness and eruption being often produced upon the forehead, eyelids, and nose by this cause. LAWRENCE.

This great sensibility of the retina (*photophobia scrofulosa*) is not the result of inflammation, but rather the result of an irritation similar to that of spinal irritation, which, in fact, is frequently a nervous, scrofulous irritation of the spinal nerves; nor is it in direct proportion to the increased redness of the eye, being often excessive when the eye appears almost natural. Hence this symptom need not excite any fear of injury to the eye.

There is often a copious flow of tears; thus, when the eye is exposed to light, a copious discharge of scalding tears takes place, the passage of which into the nostrils often excites frequent sneezing or redness of the lids, and excoriation of them, and of the face may ensue. These irritating tears cause itching and soreness in the parts over which they flow, and aggravate the original complaint; the patient rubs and scratches the lids and face, which become red, sore and pimply; finally, small, yellow pustules form on this inflamed skin, and produce a discharge which incrusts. The eruption may extend over the forehead, temples, and face, presenting all the characters of eczema or impetigo. LAWRENCE.

The affection of the eyes is generally attended by disorder of the stomach and bowels; there is costiveness, with white or furred tongue, foul breath, distended belly, morbid appetite, and grinding of the teeth during sleep.

The edges of the lids are often red, swollen, and painful. The mucous membrane of the nose is frequently affected; there is an acrid secretion with excoriation of the nostrils, with swelling and redness of the wings of the nose, and often of the upper lip. The ears are often red and sore, and excoriated behind, showing the wide extent of the eczematous affection; and the glands of the neck frequently become enlarged.

The inflammation of the eye will suddenly get better, and may return as suddenly. Repeated attacks often occur at longer or shorter intervals, and slight exciting causes will renew the disorder when the predisposition is strong. In this way the affection may last for months and years, and it is difficult to say when the patient is permanently recovered. The

affection of the eyes often alternates with other symptoms; thus, the ears may become worse, and the eyes get better, or *vice versa*. Hence the alternations of improvement and aggravation and the obstinancy of the disease are strikingly similar to those which happen to salt-rheum in other parts.

Scrofulous inflammation of the eye often produces serious changes, especially in the cornea; and this may happen although visible redness does not exist in any great degree. The elevations of the conjunctiva, previously mentioned, under the names of vesicle, pustule, or phlyctæna, may subside, leaving merely a thin opacity, which gradually disappears; sometimes a thick opacity remains, which becomes diminished, but does not disappear. But the vesicles, pustules, or phlyctænæ more commonly ulcerate; the ulceration may spread in extent or depth; and in the latter case may not only make their way into the substance of the cornea, but even penetrate into the anterior chamber, and thus lead to prolapsus of the Iris. (LAWRENCE.)

A thick and vascular corneal covering may be formed called pannus; or general dulness of the cornea from intestitial deposition of lymph, or blood may be found; or the texture of the cornea may become so weakened as to yield to the pressure from within, and be enlarged into the external protuberance called *staphyloma*.

Scrofulous inflammation rarely affects the interior of the eye, unless the cornea be ulcerated or perforated.

ARSENICUM.

BONNINGHAUSEN with characteristic assumption and ignorance states that Arsenicum is only useful in those cases in which there is ulceration on the inner surface of the eyelids.

For further remarks on the indications for the use of Arsen. see pp. 61 to 63. This remedy not only exerts a specific action upon the conjunctiva of the eyes and eyelids, but also has a well established reputation in the treatment of many eruptive diseases, such as chronic eczema, impetigo, etc. From cases furnished by SEGIN, HERMANN, WIDEMANN and others, RUCKERT has arranged the following digest of symptoms as indicative of the use of Arsenicum in scrofulous ophthalmia, namely:

When the *eyelids* are swollen; their edges reddened; the meibomian glands secreting much mucus; the lids stuck together in the morning, loaded with crusts, and closed spasmodically, with piercing pains on attempting to open them.

The *conjunctiva*, or white of the eye, traversed with blood-vessels, degenerated and composed of spongy and bright-red cellular tissue, with many enlarged veins.

The *cornea* smoky, dim, ulcerated, with opaque spots on its outer edge, with deep ulcers about its circumference, deposit of pus between its layers, covered with bluish-gray spots, and so opaque that no trace of the iris or pupil can be observed.

The *sclerotica* spongy.

The *punctum lachrymale* swollen and inflamed.

Intolerance of light in an extreme degree, so that the patient sits in the dark, or lies upon his face.

Lachrymation copious, acrid, gushing forth when the lids are opened, attended with muco-purulent discharge.

The *pains* in the eyes are biting, piercing, or *burning* in their character, attended with violent stitches when the eyes are opened, and cutting pains deep in the orbits.

Among the *accompanying disorders* are: pimples upon the face, fine rash, eruption about the eyes, itching soreness of the lids with scabs upon them, redness of the eyes with secretion acrid, watery mucus, and general restlessness.

Review.

Of 6 cases treated with Arsenicum, all were between 2 and 11 years of age, and five were females.

Doses.—Drop doses of the 3d dilution were used 3 times daily, in one case with evident improvement, which ceased as soon as only 1 or 2 doses were given per day. In 1 case, Arsen. 6, in drop doses, was given every 2 days; the 30th dilution was administered in 4 cases; and 3 doses per day were used in another case.

The disease had lasted in most cases from 1 to several years, and the cures were effected in from 1 to 6 weeks.

Arsenicum was used alone successfully in 1 case; Conium was required in addition in one case; Sulphur was given in 3 cases without marked benefit, while after the cure of the

inflammation, Euphrasia, Calc., Cann., Crocus, and Nitric Acid were given to remove the remains of the disease.

AURUM.

See page 66.

CASE 114.—A girl, aged 7, with scrofulous ophthalmia and excessive intolerance of light, was quickly cured by the internal use of 1-grain doses of Aurum 3, and external use of a solution of the same. LOBETHAL.

BARYTA.

See page 66.

BELLADONNA.

(*a*) FRANK remarks that Belladonna is the most useful of all remedies against *intolerance* of light, both in scrofulous and catarrhal ophthalmia. But he saw very little good effect from infinitesimal and occasional doses; while drop doses, 2 or 3 times a day, of the 1st or 3d dilution, or even teaspoonful doses of an infusion of 10 grains of the herb to 2 ounces of water, 2 or 3 times a day, coupled with the free external use of the same preparation, proved eminently useful.—*Genl. Hom. Jour.* Vol. 18, p. 293.

(*b.*) HARTMANN says that Bellad. is beneficial in scrofulous ophthalmia when frequent relapses occur, and the attack approaches catarrhal inflammation in its nature, and is attended with much intolerance of light. Still, Hepar. Sulph. was often required to bring back the patient to the state he was in before the relapse, and then some other antipsoric remedy was required.

(*c.*) SCHREON says that he has often used Bellad. against scrofulous ophthalmia with benefit, especially when aided by Sulphur. When there was great intolerance of light and profuse lachrymation, he gave the 3d or 6th dilution, from 3 to 6 drops in a tumbler of water, in spoonful doses every 12 hours, with evident benefit, which was carried still further by drop doses of Tinct. Sulphur, also every 12 hours. Still in many other cases these same remedies and doses proved of no avail. If they had been used in more massive quantities and at shorter intervals, they would probably have proved more

useful, as Bellad. is *antipathic* both to intolerance of light and excessive lachrymation. (See page 67, P.)

(*d.*) HERING advises Bellad. when there are aching pains in the eyes, increased by opening them; when the eyes are red and much congested; when vesicles and ulcers are present upon the cornea; when catarrhal symptoms are present, and the attack has been brought on by taking cold.

CASE 115.—A scrofulous youth, aged 19, with swelled upper lip and nose, who had suffered with sore eyes when a child, was attacked anew.

Symptoms.—The eyes were much inflamed; the lids were red and swollen; the lashes of the lower lids had fallen out; there was great intolerance of light, profuse lachrymation, abundant secretion of muco-pus, and the lids stuck together at night.

Treatment.—One dose of Bellad. 30, lessened the photophobia and intolerance of light considerably; and then a dose of Aurum 6, removed the disease in so far that the patient was able to resume his occupation as a tailor.—*Genl. Hom. Journal.* Vol. 28, p. 23.

CASE 116.—Bellad. 12, several doses, removed a scrofulous photophobia in a few days, which had resisted many allopathic remedies for a long time. An attack of measles, shortly afterwards, did not bring back the scrofulous ophthalmia. DR. FIELITZ.

CASE 117.—A girl, aged 3, suffered with scrofulous ophthalmia, great intolerance of light, profuse lachrymation when the eyes were open; her eyes were slightly reddened, many blood-vessels ran to the outer edge of the cornea; and there were small ulcers on both eyes.

Treatment.—Bellad. 6, almost cured her in 6 days; the remainder of the intolerance of light was removed by Ignat. 6.—*Annals*, Vol. 4, p. 401. DR. MALY.

CASE 118.—A little girl, aged 6, suffering with scrofulou ophthalmia was not relieved by Bellad., Conium, Calcarea, Sulphur and other remedies administered in various dilutions for several weeks. Then 1 grain of Extract of Bellad., solved in 4 ounces of water, and applied freely to the eyes, produced such good results that the patient was able to open her eyes in 2 days, and the intolerance of light ceased entirely in a few days more.

In similar cases, the 2d and 6th dilutions of Bellad. produced like good effects when applied externally.—*Hygea.* Vol. 8, p. 6. DR. OHLHAUTH.

CASE 119.—A man who had suffered for 2 years with scrofulous soreness and inflammation of the edges of the lids, was quickly relieved of an acute attack by Bellad. 200. But a long continued treatment of the primary affection, with the high potencies, was entirely without benefit.—*Genl. Hom. Journal.* Vol. 31, p. 218. DR. CLOTAR MULLER.

Review.

It is remarkable that in the above cases the *lower* potencies of the remedy and even the Infusion and Extract of Bellad. had to be used; especially as many of them were rather slight than severe; and that Bellad. only removed some of the symptoms of the disorder, and then that other remedies had to be employed. In obstinate and chronic cases, RUCKERT himself has seen but little benefit follow the use of Bellad. against intolerance of light, although it is thought more useful against this symptom than any other, especially when used externally. [The explanation is contained in the fact that Bellad. is not particularly homœopathic to intolerance of light and lachrymation.] (See page 67.) P.

CALCAREA. CARB.

(*a.*) STAPF says that Calc. has almost always proved the most reliable remedy in his hands against scrofulous ophthalmias, even of the worst description, in which ulcers and specks had been present on the cornea for a long time.—*Archiv.* Vols. 7 and 8.

(*b.*) LOBETHAL says, that it is an admirable remedy against morbid growths upon the cornea, resulting from scrofulous ophthalmia, especially when aided by Nitric Acid and Cannabis. *Genl. Hom. Jour.* Vol. 13, p. 6.

(*c.*) Calcarea has been used with great benefit in obstinate and chronic cases of scrofulous ophthalmia when attended with great intolerance of light, profuse secretions of tears, mucus, and pus, with which the lids become glued together, and when there are aching pains deep within the eyes.—*Annals.* Vol. 4, p. 139.

(*d.*) LORBACHER says that he only succeeded in curing obstinate and chronic cases of scrofulous ophthalmia perfectly and permanently when he gave Sulphur and Calcarea in alternation for a long time. He even found the high dilutions useful.—*Quarterly Journal.* Vol. 1, part 2, p. 256.

(*e.*) See HAY'S experience, p. 18. P.

(*f.*) See page 71.

From 13 cases reported by Drs. MULLER, DIEZ, KNORRE, and TIETZE, RUCKERT has arranged the following *clinical indications* for the use of Calcarea in scrofulous ophthalmia, namely:

When the *eyelids* are red, inflamed, itching, closed and stuck together, especially in the morning, and covered with pustules, or closed spasmodically from intolerance of light.

When the *conjunctiva* and sclerotica are inflamed and injected.

Ulcers on the *cornea*, with specks and pustules, when there is great intolerance of light, so that the patient lies upon his face; when the pupils are altered in color, and grayish, and vision is almost lost; dilated pupils; gushing of acrid, corroding tears, stitches, aching, and burning in the eyes, especially in the morning, violent piercing in the eyes, especially in the evening, by candle-light.

Accompanying Complaints.

Swelling of the face, most evident about the nose; much perspiration on the forehead; inflammation, and many pustules about the eyes; pustules and other eruptions upon the face, scalp and body attended with itching, oozing and formation of thick, yellow crusts; swelling and redness of the nose, with acrid discharge; obstruction of the nose; swelling of the upper lip; eruption upon, and swelling of the lips; eruptions and scabs upon the lips, even upon the inner surface; eruption behind the ears; swelling and hardness of the abdomen; *constipation;* hard, glandular swellings about the neck and under the chin; bloating of the whole body; inclination to profuse perspirations; irritability and obstinacy of temper.

Review.

Of the 13 patients 9 were between 2 and 10 years old.
" " 4 " " 13 and 20 " "
Nine were females.

Dose.—Calc. 4, was used in 2 cases; the 6th dilution in 1 case; the 15th in 1 case; the 30th in 8 cases; the 200th in 1 case.

Calcarea effected cures alone in 5 cases; it was assisted by Sulphur in 6 instances; by Arsenicum, in 1 case. A single dose sufficed to cure in 10 cases; repeated doses were required in 3 cases; it was given in solution in 1 case.

In 5 cases, the disease had lasted from 2 to 12 weeks; in 5 others, from $1\frac{1}{2}$ to 5 years.

The cures were effected in from 2 to 6 weeks.

Almost all the cases were characterized by the severity of the symptoms, and by the presence of many of the signs of general scrofula, especially of the torpid variety.

RUCKERT substantiates LOBACHER'S experience with Sulphur in alternation with Calcarea; still he only gave the doses at intervals of 4 days. Calcarea 6, often proved useful when higher dilutions were entirely inefficient.

CANNABIS.

WEBER and LOBETHAL have recommended this remedy against specks and growths upon and in the cornea, and against ulcerations of the cornea after scrofulous ophthalmia. It does not seem to have effected cures unaided by other remedies, but as an alternate remedy it has often been used with benefit.—*Genl. Hom. Jour.* Vol. 13, p. 6 and 83.

CAUSTICUM.

It is remarkable, says RUCKERT, that this remedy which offers so many indications in its pathogenesis against scrofulous ophthalmia, and which has been recommended by KREUSSELER as a wonderful remedy against this disease, is only reported as having cured one case.

CASE 120.—A boy, aged 3, was attacked with scrofulous ophthalmia, which resisted all remedies; both pupils became invisible; the cornea became bulging; and the child was entirely blind.

Treatment.—In 8 days after the first dose of Causticum 30, a remarkable improvement occurred both in the eyes and in the general health of the patient. An intermediate dose of Puls.

and a second dose of Causticum effected a cure in 4 months.—*Archiv.* Vol. 17, part 1, p. 27.

See page 72. P.

CONIUM MACULATUM.

This remedy has a well-established reputation against scrofulous affections; it acts powerfully upon the venous and glandular systems, and is even supposed to have caused atrophy of the breast and testicles.

It occasionally produces an eruption upon the skin somewhat similar to acne.

As it is apt to cause paralysis of the voluntary muscles, it may prove antipathic and palliative to spasmodic closure of the lids from irritability of the eyes in scrofulous ophthalmia.

As it produces general torpor of the brain, nervous system, and muscles, it is more homœopathic to torpid scrofula than to the irritable variety.

Finally, it is more homœopathic to chronic and torpid affections of the eyes than to acute or irritable disorders. In one case after taking Conium in large doses, the patient fell asleep, and when he awoke he could not see; in another case there were sparks before the eyes, with hiccup; fixedness and glittering of the eyes; dimness of vision; a sensation in the eyes as if they were pressed out, is characteristic of Conium; which also produces a headache, with sensation as if a large foreign body were in the anterior half of the brain. It is said not to produce dilatation of the pupils, even when introduced into the eye or by any other internal or external application of it. —PETERS.

KNORRE found it useful in purely nervous and scrofulous photophobia, when attended with spasm of the eyelids; when there was only a pale redness of the white of the eye, a narrow edge of redness around the cornea, or single large large red vessels traversing the conjunctiva. He says it is wonderful, in such cases, how quickly and certainly Conium will act; but he gave the undiluted juice of the plant in frequent doses, and often noticed that moist eruptions would then break out upon the face and head, followed by a marked diminution and speedy cessation of the intolerance of light.

When inflammation was present, and the photophobia was

only an accidental symptom, Calcarea, Graphite, and Lycopodium were more useful than Conium.

It does not prevent relapses.

Dr. Fielitz says: It is remarkable that Conium is not very serviceable against scrofulous photophobia when administered in homœopathic doses, even when the undiluted tincture is given, 1 drop at a time; while, when given in large and increasing doses of the Extract, according to Dczondi's method, it will remove the disease far more frequently, and even with a certain degree of certainty.—*Genl. Hom. Journ.* Vol. 17, p. 246.

CASE 121.—A scrofulous, portly-looking girl, aged 16, who had menstruated for about 1 year, was attacked with ophthalmia.

Symptoms.—Swelling of the upper eyelids, so that the lower lids were entirely covered by them; the swelling also extended above the eyebrows and was attended with itching and burning; the edges of the lids were violet-red in color, hard; the rest of the outer surface was pale red, shining, doughy, and very sensitive to touch; on attempting to open the lids, they became everted so that the thickly-swollen, dark-red conjunctival surface was exposed. The white of the eye was but little inflamed; the cornea sound; there was great intolerance of light; profuse secretion of a thin, yellowish muco-pus, and of tears. She complained of itching, burning, and piercing pains in the inflamed lids, aggravated at night.

Treatment. — This case was cured in 4 days with 20-drop doses, 3 times a day, of a solution of 1 scruple of Extract Coni. Mac. in 1 ounce of water.—*Genl. Hom. Journ.* Vol. 19, p. 56. Knorre.

CASE 122.—A girl, aged 6, of scrofulous constitution, had suffered for a long time with ulceration about the teeth; 7 months after the cure of this, ophthalmia set in and was treated allopathically for 4 months, without success.

Symptoms.—Great intolerance of light in both eyes, redness of the sclerotica, dimness of the cornea, redness of the eyelids, profuse discharge of mucus and tears, secretion of a mucous and acrid fluid from the nose, eruption of small and large pustules upon the right side of the face, want of appetite and sleep.

Treatment.—Conium 12, ⅓ of a drop per dose, repeated every 3 or 6 days, effected a perfect cure in 14 days.—*Hygea.* Vol. 18, p. 37. Dr. Segin.

CASE 123.—A boy, aged 6, had suffered for a year with scrofulous photophobia, inflammation of the white of the eye, with discharge of acrid tears, itching and sticking together of the lids, especially in the morning; with the remains of an eruption on the scalp, and with suppressed foot-sweats. The neighborhood of the eyelids and nose was corroded by acrid tears.

Treatment.—Sulphur 1st in the morning, and 15 drops of Tinct. Conium in the evening restored the patient in 3 months. —*Genl. Hom. Journ.* Vol. 30, p. 282. Dr. Marschall.

CASE 124.—In a scrofulous eye affection in a child, aged 3 years, Conium 1, in repeated 1-drop doses, acted very beneficially against considerable intolerance of light, not arising from inflammation.—*Genl. Hom. Journ.* Vol. 16, p. 134. Dr. Frank.

CASE 125.—In a case of photophobia which resisted all internal remedies, Conium 30, 2 drops in ½ oz. of water, applied externally, proved very quickly serviceable. Dr. Thorer.

CASE 126.—Dr. Lider relieved scrofulous photophobia with Tinct. Conii. diluted with water, and applied directly to the eye.

Review.

The patients were all from 3 to 6, or 16 years of age.

Considerable intolerance of light was present in every case; in many instances there was a discharge of mucus and of acrid tears; also an inflammatory state of eyelids, and in one case an acute blenorrhœa, which was relieved with unusual rapidity.

The majority of the cases required the lower dilutions, or even the use of the Extract or Tincture, and the local application of the remedy. Conium deserves particular attention when intolerance of light is present without decided inflammation.

The cases were mostly chronic in their nature, and the cures were accomplished in from 14 days to 3 months; in 1 case, in 4 days only.

EUPHRASIA.

See page 79.

CASE 127.—A scrofulous little girl, aged 4, had suffered from her birth with inflammation of the eyes, attended with specks upon the cornea, and great intolerance of light. Internal remedies were of no avail; but the juice of Euphrasia dropped into the eye removed the disease so thoroughly that in a few weeks the eyes could even be used in the sunshine.—*Genl. Hom. Journ.* Vol. 1, page 40. KRETSCHMAR.

CASE 128.—A little girl, aged 6, had suffered with scrofula since she was vaccinated, when 10 months old, and with ophthalmia for 1 year.

Symptoms.—The neighborhood of the eyes was red and swollen; the edges of the lids thick and knobbed; the lashes were stuck together in bundles; the white of the eye was covered with an unevenly reddened and swollen vascular tissue; the cornea was dim; the patient could not see distinctly; there was great intolerance of light, spasms of the lids, lachrymation, discharge of purulent mucus, adhesion of the lids at night, burning and piercing pains in the eyes, emaciation, swelling of the glands of the neck, and frequent attacks of colic.

Treatment.—Five drops of a solution of 3 drops of Tinct. Euphrasia in water, was given 3 times a day; at the end of 3 weeks the patient was comparatively well, having merely some redness and lachrymation of the eyes when in the open air. Then Euphrasia was given every 3 days, and several doses of Mercurius 3, also at intervals of 3 days, completed the cure.

This remedy was also used in several cases to perfect the cure of opacities of the cornea.

HEPAR. SULPH. CALC.

(*a.*) BICKING found this remedy most useful in scrofulous ophthalmia when the patients were of a phlegmatic temperament, stout, with a fine, white skin, light hair, large bellies, thick necks, and troubled with enlarged glands, eruptions and ulcers. And when their eyes in their healthy state were surrounded with a blue circle, and a plexus of venous vessels; when the eyelashes were long, the white of the eye of a dirty gray or bluish color, the cornea very conical, and the pupils unusually large.

When there was chronic inflammation, great intolerance of light, profuse discharge of tears and mucus, ulcers, and aching, burning pains as if the eyes were bruised; the more decided these symptoms were, the larger were the doses which were required to effect a speedy cure. If the attack had not lasted long; if it did not occur as a relapse of previous disease; if the eyelids were particularly swollen and covered with crusts; the eye itself but slightly inflamed; the cornea free from vascularity, and only slightly dim and smoky in places, then he almost always saw evident improvement in 8 or 12 days, from drop doses of Hepar. 12, every 2 days.

If the blood-vessels had already spread over the cornea, especially if vesicles or phlyctænæ, or ulcers had already formed, then he could only attain the same results by 2-grain doses of the 1st or 2d trituration, daily. In still further advanced cases, he was obliged to give 1-grain doses of the crude article, every day, for 3 or 4 days.

In those cases in which the alteration of the structure of the cornea proceeded rapidly, when ulcers were on the point of perforating, or exudations threatened to obscure the entire cornea, or the anterior chamber was filled with pus, then he applied Croton Oil as a counter-irritant behind the ears and on the neck, and only administered Hepar. after the Croton-eruption had made its appearance.—*Genl. Hom. Journ.* Vol. 15, p. 1.

(*b.*) GROSS corroborates the benefit of Hepar. Sulph. Calc. in corneitis scrofulosa, and adds that in desperate cases the dilutions are not sufficient, but that 1 or 1½-grain doses of the crude article must be given.—*Archiv.* Vol. 18, part 2, p. 50.

(*c.*) SCHROEN often used Hepar. s. with excellent effects against scrofulous ophthalmia, with burning pains in reddened edges, and inner surface of the lids, intolerance of light and lachrymation, profuse secretion from the meibomian glands, sticking together of the lids, pustules on the sclerotica and cornea, and a red zone around the edge of the cornea; still relapses were apt to occur, and Bellad. often had to be used in alternation, against the excessive photophobia.—*Hygea.* Vol. 3, p. 166

(*d.*) HERING says that Hepar. is often useful after Bellad. or Merc. Viv., when the children have already taken much mer-

cury; when the lids and eyes are red and sore, tender to touch, close spasmodically, can scarcely be moved, intolerant of light at night, and are at times quite dim, and then again bright and clear; when the eye feels as if it would be forced out; when there are ulcers or specks upon the cornea, and small pimples or pustules about the eye. But daily doses of the 2d trit. must be given for several days.

(*e.*) VOGT says that this is one of the most excellent sulphurous remedies; it acts more quickly, penetratingly, and powerfully than any other preparation of sulphur, and affects the lymphatic and glandular systems in particular, although it has its influences upon the assimilative processes, and the organic cohesion, while it diminishes the plasticity of the fluids. It exerts a less irritating influence upon the circulation, and is rather apt to depress than excite the heart and arteries. It was first recommended by DOUBLE and SENF against membranous croup, from its decided action in lessening the plasticity of the blood; they even thought that it was superior to Calomel, in this respect, and that it might be used to facilitate the secretions of the skin and mucous membranes, even of the lymphatic, glandular, and serous systems in cases in which Mercury was not allowable; hence, it has been employed to remove retentions, obstructions, accumulations, deposits and indurations of the most obstinate, chronic, and deeply-rooted nature, in feeble and cachectic and dyscratic constitutions. In short, it is a most profoundly alterative remedy which has cured many chronic inflammations, old and chronic eruptions, obstinate coughs, catarrhs, and lung-affections, suppressed menstruation, glandular obstructions, and indurations. PETERS.

(*f.*) According to SOBERNHEIM it renders the pulse softer and slower, the blood darker and *considerably deficient in albumen;* its effect in this respect is so decided that HARTWIG asserts that in ¼ of an hour after taking Hepar. Sulph. in massive doses, that the blood of horses in from ¾th to ⅘ths deficient in albumen. If this be the case, it must be a powerful antipathic remedy against scrofula, in which we have seen there is a great excess of albumen. PETERS.

CASE 129.—A scrofulous child, aged 7, formerly stout, but now emaciated, was attacked with ophthalmia after hooping cough, and which had resisted all remedies.

The eye was extremely painful, much swollen externally, a bluish substance projected between the lids, and a watery, offensive fluid which excoriated the cheeks, was discharged in abundance. There was lachrymation and intolerance of light; the white of the eye seemed converted into a red mass of flesh, and formed a raised wall (chemosis) around the quite opaque cornea; pus was effused on the inner side of the cornea.

Treatment.—Two-drop doses of Tinct. Sulph. fort. were given for 8 days, when an offensive tinea capitis made its appearance, and an eruption upon the breast and neck, attended with fever and obstinate constipation. The Sulphur was continued for 8 days more in connection with cold baths; the eruption declined, but the tinea increased; the painful irritation of the eye subsided so that it could be examined.

In the anterior layer of the opaque cornea, opposite the pupil, there was an effusion of pus, forming a small projection; there was also a larger effusion deeper in the substance of the cornea at its lower portion, and a semi-lunar deposition of pus in the anterior chamber of the eye, (hypopion.)

Now ½-grain doses of Hepar. Sulph. Calc. were given for 6 days in succession, at the end of which time the eye was almost free from pain, and secreted a thicker and less acrid but still offensive mucus. No remedies were given for six days more; then as the cornea was almost disengaged from the swelling of the conjunctiva, and was brighter and more clear, as the secretion of mucus had almost ceased, and the pain had nearly disappeared, 4-drop doses of Tinct. Euphrasia were given daily for 14 days, when the eye was perfectly restored. —*Genl. Hom. Journ.* Vol. 23, p. 353. DR. BICKING.

CASE 130.—A scrofulous boy, aged 4, and suffering with scald head, had had ophthalmia for several weeks, during which he had been treated allopathically without success.

Symptoms.—The neighborhood of the eye was inflamed; the eyelashes encrusted, edges of the lids swollen; the left eye could only be opened with difficulty, and then a quantity of tears gushed forth; the conjunctiva was traversed by a number of bluish-red blood-vessels; the cornea was hazy and covered with ulcers; the right eye could be opened more easily, but was generally inflamed; the cornea was grayish and spotted, and perforated by a penetrating ulcer; the iris had fallen forwards into the perforation, (prolapsus iridis.)

Treatment.—Grain-doses of Hepar. Sulph. were given for 3 days; on the 4th day, the eyes could be opened in a darkened room, the lachrymation was less profuse, the redness of the conjunctiva paler, the cornea clearer. At the end of 4 days more, the prolapsed iris had withdrawn, and the ulceration of the cornea was in process of healing. Sulphur and Euphrasia were given to perfect the cure.—*Genl. Hom. Journ.* Vol. 16, p. 118. BICKING.

CASE 131.—A child, aged 6, of delicate and weakly constitution, with relaxed muscles, bloated face, swelled upper lip, deep-set eyes, irregular stools, frequent swellings and indurations of single glands, was attacked with ophthalmia and treated allopathically for a long time with Mercury and Antimony.

The eyes were much reddened, the lids swelled, red, and burning hot; there was great intolerance of light.

Treatment.—Hepar Sulph. 30, 4 doses at intervals of 6 days, removed the affection entirely in 2 months.—*Archiv.* Vol. 19, part 1, p. 78. ARGENTI.

CASE 132.—A child, aged 7, markedly scrofulous, suffered with ophthalmia of the left eye; the sclerotica was violet-red, the cornea dim, the eye watered profusely, the lower lid was swollen, and there was great intolerance of light.

Treatment.—Bellad. 200, was given without benefit; 10 days after, Calc. 200, relieved the photophobia somewhat, but an ulcer formed upon the cornea, and the patient wept and complained of much pain. Then Hepar. Sulph. 200, was given without benefit; finally, Hepar. 3, 4 doses was given with relief from pain in 3 days; and the cure was perfected in 9 days more, under daily doses of the same remedy; the ulcer commenced to heal on the 5th day after the stronger doses of Hepar. began to be used.—*Genl. Hom. Journ.* Vol. 33, p. 101. KALLENBACH.

Review.

The above 4 patients were all children from 4 to 7 years of age, and suffering with the torpid form of scrofula, although the ophthalmia sat in with great violence, attended with decided disease of the conjunctiva, cornea and lids, and even with effusion into the anterior chamber of the eye, (hypopion,) and prolapsus of the iris.

Dose.—In 2 cases, the crude Hepar. Sulph. was given with

good effect; in one case, Hepar. 200, failed, while Hepar. 3, succeeded; Hepar. 30, was used in 1 case. Repeated doses were required in every case; and the lower dilutions were generally most successful. HARTMANN found Hepar. to act most beneficially after the previous use of Bellad.

The cures were effected in from 10 days to 2 months, even in the most unpromising cases.

MAGNESIA CARB.

CASE 133.—A girl, aged 11, suffering with scrofulous ophthalmia, was left, after the use of several remedies, with dimness and opacity of the cornea, so that she could scarcely distinguish any thing clearly; the ball of the eye was inflamed, and the lids swollen.

Treatment.—After taking Magnes. c. 24, the inflammation abated and the cornea commenced to be more transparent, so that the little patient could see almost every thing, although somewhat indistinctly. Nitric Acid 30, removed every trace of disease in the cornea.—*Archiv.* Vol. 10, p. 1, page 157. RUCKERT.

MERCURIUS SOLUBILIS.

HERING with characteristic complexity and impracticability of advice says that Mercurius is suitable especially after the previous use of Bellad. when the pains in the eyes of little children are cutting, especially from using the eyes, aggravated in the evening by the warmth of the bed; with burning, biting, and lachrymation while in the open air; intolerance of light, with dimness and mistiness of the eyes; or when small pustules or pimples are present upon the ball of the eye; and when relapses occur after every taking cold.

CASE 134.—A little girl, aged 2, had suffered for 3 months with ophthalmia.

Symptoms.—The eyelids were swollen; there was a pimply eruption upon the lids and cheeks; crusts formed between the lashes; there were whitish-gray specks upon the cornea of both eyes; intolerance of light, so that the little patient lay upon her face; the nose and lips were swollen; there was a discharge of much greenish, thick, and acrid mucus from the nose, which had excoriated the nostrils and upper lip; the

backs of the hands and the fore-arms were sore from wiping off the nasal mucus; the parotid glands were swollen; and the child was irritable, impatient, and tearful.

Treatment.—Several remedies, and among them Arsenicum, were given without benefit; then Merc. Sol. 2, 1 grain every night and morning, relieved the whole disorder in 5 weeks.—*Genl. Hom. Journ.* Vol. 31, p. 152. DR. HAUSTEIN.

CASE 135.—A scrofulous child, aged 2, had suffered more than a year, after being vaccinated, with disease of the eyes, and swelling of the glands of the neck.

Symptoms.—The lids of both eyes were reddened and swollen; the left eye was considerably inflamed and intolerant of light; there was a white spot on the outer side of the cornea; frequent and acrid discharge of tears, especially from the left eye; adhesion of the lids at night; during the day the child lay constantly upon its face, and was exceedingly fractious; her nose was obstructed with mucus.

Treatment.—Acon., Bell., Sulph., Merc., and Calcarea, all in the 30th dilutions, and Euphrasia in the 6th were given without benefit; but Merc. Sol. 3, one dose every 2 days for several weeks, produced a rapid improvement and effected a cure by the time that 14 doses had been taken.

In a similar case, the author saw no good results from the high dilutions, while Hepar. 3, and Merc. 3, soon effected a cure.—*Genl. Hom. Journ.* Vol. 28, p. 24.

CASE 136.—A girl, aged 8, had a sore eye for a week.

Symptoms.—The conjunctiva was reddened, there was constant lachrymation and intolerance of light, with piercing pains; there were several pustules on the edge of the cornea, which had burst and formed ulcers.

Treatment.—Merc. v. 3, 1 dose, effected a rapid cure; the scars and specks disappeared in a few weeks.

MERC. SUBLIM. CORROS.

BÖCKER used this remedy internally and externally in scrofulous ophthalmia; for external use he solved 1 grain in 1 ounce of pure water. He treated 34 patients in one year; the majority were children from 2 to 14 years of age; many had ulcers on the cornea; very few had pannus; and in these the cure was delayed for several weeks. In 3 cases, after using the

remedy for 6 weeks, he was obliged to omit it, as a very copious flow of saliva sat in; but these patients soon recovered without the use of any other remedy.

Most of them recovered in a short time; and he had opportunities of seeing many of them afterward, and of convincing himself that they remained perfectly cured.

Relapses occurred in 5 cases, but these were cured by the same remedy.

In another year, he treated 28 additional patients; he only found Merc. useful in the *erethistic* form; in the *torpid* variety, the remedy was not only entirely useless, but even proved injurious in 3 cases.

In the 3d year, he treated 6 cases. All were cured.—*Hygea.* Vol. 21, p. 480.

From these cases the following *clinical indications* have been obtained for the use of Merc. Corrosiv., namely:

When the *lids* were greatly swollen and spasmodically closed; the upper lid projecting far down and over the lower; much dried mucus upon the edges of the lids.

The meibomian glands much inflamed; discharge of thick pus and mucus from the eyes; great intolerance of light; and necessity to remain in the dark.

The *cornea* covered with red vessels; also with ulcers, which threatened to perforate it; chalk-white specks; and commencement of staphyloma.

The white of the eye greatly inflamed, swollen, velvety, and covered with papillæ.

The anterior chamber filled with pus, (hypopion.)

The neighborhood of the eyes and the cheeks red, swollen, and covered with small pustules; the glands of the neck hard and swollen; eruption on the back of the head.

Doses.—Half a grain of Merc. Sub. was solved in 5 scruples of water, and 2 or 3 drops given 3 or 4 times a day; in 1 case, the 1st dilution was used 4 or 5 times daily. In some cases, an external application of 1 grain to 4 ounces of water was used.

Some of the patients had suffered from 1 to 3 weeks; others from 1 to 3 months; and several for 2 years.

The cures were effected in from 4 to 9 days; or in from 10 to 15 days; or at the latest in 6 weeks.

This remedy deserves every consideration and confidence. It is peculiarly homœopathic to scrofulous eczematous ophthalmia.

NITRIC ACID.

(*a.*) LOBETHAL says that it is an excellent remedy against vegetations on the cornea from scrofulous inflammation.

(*b.*) GROSS gave it in the very high dilutions, after the previous use of Calc. 200, and saw it cure ulcers of the cornea, and partially remove opacities.

(*c.*) BONNINGHAUSEN recommends it in alternation with Pulsatilla.

(*d.*) WEBER thinks it is the most useful of all remedies against opacities of the cornea.

PULSATILLA.

CASE 137.—A child, aged 4, was attacked with a purulent and offensive eruption upon the head and face, and then with a scrofulous ophthalmia, which had already lasted for a year.

Treatment.—Sulph., Bell., Calc., and Euphrasia did not help. Pulsat. 12, in alternation with Nitric Acid 12, produced an aggravation for some days, followed by so rapid an improvement that the cure was entirely perfected in 20 days. No relapse occurred for 7 months. HAUSTEIN.

PSORIN.

STAPF says that this remedy has proved most useful in his hands against scrofulous ophthalmia.—*Archiv.* Vol. 19, p. 3, p. 148.

RHUS TOXICOD.

FIELITZ says that it is an important and useful remedy against scrofulous ophthalmia, with intolerance of light, when the eyes can not be opened, even at night; but it must be given at least as strong as the 2d or 3d dilution, as the high potencies are entirely inoperative. It is most indicated when the meibomian glands are swelled, and secrete much mucus; when relief ensues in the evening, and the eruption appears in the form of tinia capitis, but extends down upon the face in the form of crusta lactea, attended with swelling of the glands of the neck. It should not be given alone, but in constant alternation with Bell. or Sulph. or Calc.—*Genl. Hom. Journ.* Vol. 17, p. 246.

(*c.*) Another author says that Rhus is an indispensable remedy in scrofulous ophthalmia, being most indicated, however, when the scrofulous disease has manifested itself not only upon the eyes, but also upon other parts of the body, especially upon the head in the shape of tinia favosa; and when the inflammation of the eye is attended with the formation of pustules, great intolerance of light, and biting, aching pains.

The inflammation is generally not very active; still the piercing pains in the ball of the eye are often very acute, and the pains are usually increased by exposure of the eye to light, so that the patient fears to open it, and a false photophobia is produced.

Swelling, not only of the eyelids, but of the whole neighborhood of the eye, is often present, and then forms a farther indication for the use of Rhus.—*Genl. Hom. Journ.* Vol. 37, p. 308.

(*c.*) LOBETHAL says that he is convinced that the high dilutions of Rhus are entirely inefficient, and that it is even not prejudicial to the little patient to bring on the primary effects of the remedy by means of strong doses, in order to produce a powerful alteration in the disordered lymphatic system.—*Genl. Hom. Journ.* Vol. 14, p. 325.

(*d.*) THORER says he has lately treated several scrofulous ophthalmias, in all of which, vesicles and pustules were present. Rhus 30, 1 or 2 globules, every 2, 4, or 6 days, always afforded the most excellent result, and either perfected the cure alone, or at least removed all danger from the ulcerations on the cornea. Experience proved to him that Rhus 30, was always sufficient if the remedy was indicated.—*Practical Remarks*, Vol. 3, part 2, p. 25.

(*e.*) Rhus is particularly homœopathic to erysipelatous, eczematous, and pemphiginous eruptions. It has been used successfully against obstinate herpetic eruptions, and DELILLE FLAZAC has even seen warty vegetations disappear under its internal use. Some allopathic physicians, such as GESCHEIDT, ELSHOLZ, and SCHEIBLER have given it with brilliant success against scrofulous ophthalmia when attended with very obstinate and excessive photophobia. Also PEITHNER and WEITENWEBER found it very curative against scrofulous conjunctivitis, inflammation of the cornea, with ulceration of the cornea, inflammation of the meibomian glands, spasm of the

eyelids, and intolerance of light; especially when these were complicated with scrofulous herpetic eruptions upon the face and head. It has also been used successfully against amblyopia and amaurotic weakness of the eyes. DUFRESNOY, RAYER, MATHAI, and WILLEMET have confidence in it against herpetic and scrofulous affections.

The Rhus eruption is erysipelatous in its nature, attended with great and inflammatory-œdematous swelling, with outbreak of pemphigous, or itch-like vesicles and pustules. PETERS.

From cases furnished by THORER, LOBETHAL, and HAUSTEIN, RUCKERT has arranged the following *clinical indications* for the use of Rhus in scrofulous ophthalmia:

Great or moderate swelling of the eyelids; conjunctiva swollen and inflamed; red vessels running toward the cornea; the cornea covered with phlyctænæ or vesicles; small ulcers on the cornea, supplied with blood-vessels from the white of the eye; vesicles on the edge of the cornea; ulcers upon both eyes; specks and dimness of the cornea; loosening of the sclerotica at the outer edge of the cornea; considerable lachrymation and intolerance of light, forcing the patient to lie constantly upon his face; acrid, hot discharge of tears; sticking together of the lids.

Accompanying Complaints.

Eruptions upon the head and face; large pustules on the face, which change to superficial ulcers; the whole face is covered with a thick, whitish-yellow crust, which exudes moisture at some places; new vesicles spring up upon the red skin where the scabs have loosened and form offensive scabs; swelling of the face and nose, with roughness of the skin; scrofulous eruptions upon the internal surface of the thick and swollen nose; discharge of a thick, greenish, acrid mucus from the nose; watery discharge from the nose; suppuration of the glands behind the ear; thirst; hard and difficult stools; emaciation; irritability and inclination to weep.

Review.

The patients were from 1½ to 10 years of age; one was 19.

Doses.—In one case, the first dilution was given in solution;

the 3d was given in solution in one case, and in two-drop doses in another; the 30th, in repeated doses in 3 cases; the 200th failed in one case, which was relieved by Rhus 3d and 18th. Rhus alone effected cures in 5 cases; Arsenicum was given as an intermediate remedy in one case, and followed by Calc.

The disease had lasted in 3 cases from 5 to 8 days, and was *cured* in from 5 to 9 days; 2 cases which had lasted each 1 and 4 years, were *cured* in 5 weeks.

The above cases, even the chronic ones, do not seem to have been of the most violent kind, although attended with eruptions upon the head and face, and pustules upon the eye. Some physicians prefer the lower dilutions, and RÜCKERT has seen the 3d succeed when the 30th had failed.

SILEX.

CASE 138.—A girl, who had suffered for a long time with ophthalmia scrofulosa, was cured by Aqua Silic. 10 drops 3 times a day, contined for several months.

SULPHUR.

(*a.*) KNORRE says that it is most useful when the eyelids are most involved; when small vesicles are present upon the edge of the cornea and nourished by vessels running from the conjunctiva; the photophobia not great; and the inflammation of the eyes is not as severe as that of the lids.—*Genl. Hom. Journ.* Vol. 6, p. 21.

(*b.*) HERING says that it is most useful when the lids are spasmodically contracted in the morning; when the eyes do not bear day-light well, or the patient is quite blind by day, and can only see in the dusk; when the sight is dim and misty, the cornea dull and dusty; and when the lids are most affected, especially after the previous use of Bell., Merc., or Hepar. Also, when the white of the eye is reddened and crowded with blood, with small vesicles upon it, attended with lachrymation, intolerance of light, and violent aching in the ball of the eye, increased by sunlight. The 3d dilution should then be repeated every day, or every other day.

(*c.*) According to BALLY, in the earlier stages of scrofula, when there is a general coldness of the extremities and skin,

vast quantities of Sulphur are sometimes separated from the blood through the kidneys, also from the bowels, and from open sores, as is evident from the blackening of lead-plasters and silver instruments when brought in contact with scrofulous pus; clearly showing that sulphur is thus unnaturally discharged from the system. Again, cystine contains no less than 26 per cent. of sulphur, and is occasionally produced in excess in the urine of scrofulous persons.

It accelerates the capillary circulation, the patient often feeling a degree of warmth in the extremities; in fact it plays an important part in the production and maintenance of the animal heat. It is most useful when there is a tendency to coldness of the hands, feet, and limbs; when eruptions are present upon the skin, and vesicles, or pustules, upon the eye; when there is much flatulence of the stomach and bowels; and large quantities of sulphur are expelled from the system, through the skin, bowels, and kidneys. PETERS.

From cases supplied by TIETZE, KNORRE, FLEISCHMANN, SEGIN, ELWERT, and NEGIDI, RÜCKERT has arranged the following *clinical* indications for the use of Sulphur.

When the eyelids are more or less swollen, especially in the morning; the meibomian glands red and swollen; the edges of the lids inflamed, thick, knotty, ulcerated, and covered with thick and hardened matter.

When the conjunctiva is injected, showing a convolution of fine red vessels, which run to the edge of the cornea, and is reddened and swollen. The outer angle of the eye red and swollen.

When the cornea is surrounded by a pale-red circle, with lymph effused between its layers; when it is dim, traversed by red blood-vessels, vascular at its upper half, with specks, ulcers, and pustules upon its surface and edges.

When there is a profuse and hot flow of tears on opening the eye; great intolerance of light, especially of candlelight; pain and aching in the eye; stitches, shooting through the eye into the brain; double vision; inability to see small objects, while large ones seem enveloped in a mist.

Attending Disorders.

Eruption of itching pimples over the whole body; pustules about the eyes and ears; lips swollen and covered with scabs; nettle-rash and scald-head.

Swelling of the glands of the neck, behind the ears, and on the nape; suppuration of the glands of the arm-pit; distension of the abdomen; loose and chalky stools; emaciation; general want of development.

Review.

Of 14 patients, 2 were males, 8 females, and 4 unknown; 10 were between 1 and 9 years old, 4 between 14 and 17.

The inflammation was generally great in extent and severity; the cornea had generally suffered severely; the eye affection was often accompanied by a general scrofulous condition, marked by eruptions upon the head and body, and swellings of the glands.

Doses.—The 2d and 3d triturations were given in ½ grain doses in 4 cases; one dose sufficed in 3 cases; repeated doses were required in 1. The tincture was given in single doses in 1 case; in repeated doses in 2. The 2d dilution, in single and repeated doses, each in 1 case. The 5th dilution in repeated doses in 1 case. The 30th dilution in repeated doses in 3 cases. The 30th dilution in single doses in 1 case.

Sulphur alone proved sufficient to cure the disease, in 8 cases; in 5 cases, Acon., Bell., and Conium were given with but little effect; in 5 cases, Sulphur was required to complete the cure, after the previous use of Calc., Lycop., Bell., and Hepar. After the use of the trituration of Sulphur aggravations occasionally occurred, at times of the general inflammation, at others of the photophobia, but then a rapid cure followed in a few days.

In 4 cases in which the disease had lasted from 2 to 14 days, *cures* were effected in from 2 to 8 days; in 4 other cases, of from 1 to 3 years' standing, cures took place in from 1 to 4 weeks. In cases of many years' standing, from 6 to 10 weeks were required.

CLOTAR MÜLLER'S TREATMENT.

Hepar. Sulph. is the principal remedy in all ordinary cases, but it must often be given for a long time together. In recent cases, when there is considerable redness, swelling, and pain, it will be advisable to give several preceding doses of *Aconite* or *Bellad.*

Intolerance of light is generally soon improved by *Bellad.*; still, *Conium* is the most important remedy in those cases in which there is no visible inflammation, either of the eyes or lids. *Viola Tricolor* often removes this very troublesome symptom.

In the severest forms of this disease, in which the pain, swelling, and ulceration are very considerable, and the whole course of the disease quite acute, the *Merc. Sublimatus* is the most reliable remedy.

If the tears are so acrid that they excoriate the cheek, and eruptions make their appearance upon the face, head, or ears, then *Rhus Tox.* is the most important remedy.

Conium and *Cannabis* are the best remedies against the scars, specks, and dimness of the cornea, left by recent attacks; but Sulphur, Calcarea, or Silex are necessary in very old and chronic cases.

HARTMANN'S TREATMENT.

HARTMANN says that although the management of such a disease should be principally conducted with anti-scrofulous medicines, yet he has frequently commenced the treatment with *Euphrasia* 3d to 6th dilution, with great benefit to the patient, especially when there is redness of the sclerotica, which is traversed by red blood-vessels; specks, vesicles, and ulcers, on the inflamed cornea, profuse discharge of tears and mucus, which corrode the surrounding parts; swelling of the eyelids; sensitiveness of the eyes, and intolerance of light, with spasmodic contraction of the eyelids; stinging and aching pains in the eyes; profuse discharge from the nose. He knows that Euphrasia is not the principal remedy in this disease; but it will be found excellent, provided it is chosen in accordance with the symptoms, and especially when the ophthalmia is complicated with catarrhal symptoms.

If the inflammation should become very acute, and the pains intolerable, especially when the eye is dry, with excessive sensitiveness, then a few doses of *Aconite* should be given.

Next to Aconite, *Belladonna* is the best remedy; but these two remedies are not sufficient to effect a complete cure; there will remain a certain degree of inflammation, and the intolerance of light may be particularly distressing toward evening,

and will sometimes increase so as to induce spasmodic closure of the lids. Then *Hepar. Sulph.* 3d, may be given with great effect; the higher attenuations are not as efficient as the lower.

Before giving *Hepar.* s., it may be advisable to give a few doses of *Mercurius solubilis*, especially if the swelling and spasmodic closure of the lids render it impossible to obtain a correct view of the state of the eye. The Mercurius will diminish the inflammation sufficiently to enable Hepar. s. to act with promptitude and decided effect. When the inflammation runs very high, and burning and corroding tears are discharged whenever the eye is opened, *Mercurius Corrisivus*, 2 or 3 times a day, will act admirably.

In some cases, Hepar. s. will effect a partial improvement only, and some other remedy must be given, after which Hepar. will again act favorably. HARTMANN then usually gives Sulphur and Calcarea.

Sometimes all the efforts of art are baffled by the obstinacy and virulence of the disease, especially when new ulcers break out on the cornea as fast as the old ones heal; then Cannabis, Mercurius, Silex, or Sepia, may be used. But in obstinate cases, where no other medicine seemed to do the least good, *Arsenicum* will finally overcome it, especially if given in alternation with Euphrasia.

THORER has recommended *Rhus*, and HARTMANN has given it with good results in some cases, especially when scrofulous and herpetic eruptions on the head and face were present.

ALLOPATHIC TREATMENT.

LAWRENCE says that we must first endeavor to remove the unhealthy condition of the digestive organs and skin, which is so prominent a feature in the complaint, and to invigorate the constitution.

The bowels must be completely cleansed from the accumulated load of ill-digested food and unhealthy secretions; 2 or 3 purgative doses often afford the greatest relief to the sufferings of the child. Then Mercurius should be given until the tongue is clear, and the motions of natural consistence and color. Finally, in the state of debility to which the young sufferers are frequently reduced by this painful and obstinate complaint, tonic medicines may be used. MACKENZIE recommends

Quinine strongly; he has found no remedy so useful as this; it exercises a remarkable power over the constitutional disorder which attends scrofulous ophthalmia, and thereby over the local complaint. In most instances, its effects are very remarkable; in most cases, it acts like a charm; abating commonly in a few days, the excessive intolerance of light, and the profuse lachrymation; promoting the absorption of the pustules, and hastening the cicatrisation of the ulcers of the cornea.

Belladonna has been strongly recommended against intolerance of light and spasmodic closure of the lids; if the dose be increased until dilatation of the pupil is produced, the photophobia invariably disappears.

GENERAL REVIEW OF THE TREATMENT OF SCROFULOUS OPHTHALMIA

In the preceding chapter, we find 75 cases of scrofulous ophthalmia cured by 15 different remedies, in which Sulphur was given with decided advantage in 14 cases; Calcarea, in 13; Merc. Subl., in 10; Rhus, in 7; Arsenicum and Conium, each in 6; Bellad., in 5; Hepar., in 4; Merc. Solub., in 2; Aurum, Caust., Euphrasia, Magnes., Acid. Nitric, Pulsat., and Silex, each in 1 case; while Baryta and Psorin have been merely recommended.

When the disease occurred in a *chronic* form, we have found that Arsen., Aurum, Calc., Conium, Hepar., Magnes., Merc. Sol., Pulsat., and Sulphur, have been relied upon. In the more *acute* attacks, Bellad., Subl., Rhus, and Sulphur. In the *slighter* cases, Bellad. and Rhus. In the more *severe* attacks, Arsen., Calc., Hepar., Subl., and Sulphur. When there was an *effusion of pus* in the anterior chamber, (hypopion,) and prolapsus of the iris, Hepar. Against specks, ulcerations, and vegetations of the cornea, Cannabis, Euphras., and Nitric Acid. In the more *torpid* forms, Hepar.; in the erethistic, or *irritable* varieties, Sublimate.

Doses.—In these we find very great differences of opinion and practice. The *lower*, or stronger preparations of Bellad., Hepar., Conium, and Rhus, were used, and these were even found practically, more preferable to the higher potencies. Aurum,

Euphrasia, Merc. Sol. and Subl., Silex, and Sulphur were also used in the lower dilutions. The 30th dilution of Ars. and Calc. was occasionally relied upon, and also of Sulphur, Rhus, Hepar., and Causticum. The high potencies of Calc., Hepar., and Rhus were employed, but at times without effect.

The 75 cases were furnished by 34 different physicians, the majority of whom are in favor of the *lower* dilutions, namely, BÖCKER used them successfully 13 times; TIETZE, 6 times; BICKING, in 4 cases; LOBETHAL and HANSTEIN, each in 3 case; FRANK, and FRELITZ, each in 2 cases: in all, in 31 cases. The *higher* dilutions were relied upon by an anonymous physician in 9 cases; by THORER in 5; by TIETZE in 4; by GROSS and SEGIN, each in 3; by HERMANN in 2; by BICKING and HAUSTEIN, each in 1 case; in all, in 29 cases.

The *local* use of the appropriate remedies was employed with Aurum, Bellad., Conium, Euphrasia, and Subl.; the external use of Conium was found especially useful against nervous photophobia. RÜCKERT says, that the external and local action has been too little brought in play; when the watery solution does not avail, an ointment may be applied with benefit.

The *results* of the treatment were necessarily very variable, although they were often both rapid and decided even in the most refractory cases. Thus, of 11 cases in which the disease had lasted from 1 to 4 weeks, cures were effected in every instance in from 2 to 6 or 10 days.

In 4 cases in which it had persisted from 1 to 4 months, 3 cures were effected in from 4 to 14 days, and in 1 case, at the end of 5 weeks.

In 21 cases, in which the duration was from 1 to 5 years and longer, 3 cures were accomplished in from 4 to 20 days; 14 cures in from 1 to 6 weeks; and 4, in from 8 to 12 weeks.

In contrast to these results we find in Fischer's Clinical Guide, that of 20 cases treated *allopathically*, 9 had lasted from 4 to 14 days, and 3 of these were cured in from 14 to 18 days; 3, in from 3 to 4 weeks; 2, in from 7 to 8 weeks; and 1 at the end of 8 months.

Of *nine* other cases which had lasted from 4 to 6 weeks, 6 were cured in from 3 to 8 weeks; and 3, in from 11 to 20 weeks. In 1 other case of 12 weeks' standing, a cure was ac-

ccmplished in 4 weeks; and 1 of 3 months' duration, in 3 months.

In 15 cases out of the 75, it is expressly stated that they had been treated allopathically for a long time unsuccessfully.

HARTMANN recommends Hepar., after the previous use of Bellad.; while SCHROEN and HERING both recommend Sulphur, and the latter, Merc. Calcarea is often indicated after Sulphur, and HARTMANN and LOBACHER advise them in alternation. Calc. is recommended by LOBETHAL, as equally useful as Nitric Acid and Cannabis, against vegetations of the cornea. GROSS recommends Nitric Acid after the previous use of Calcarea.

In excessive intolerance of light, SCHROEN gives 1 dose of Bellad. between each 2 doses of Hepar. HERING is afraid to use Sulphur after Hepar.

BICKING thinks Hepar. most indicated in patients of the torpid scrofulous constitution; also Conium and Calcarea. BÖCKER thinks that Sublimate is more useful against the irritable than the sluggish forms of inflammation.

The parts of the eye involved in the disease, and the *kind* of pains which prevailed, and the signs of general scrofula which were present in the different cases, will be found most easily by reference to the following TABLES, of which No. I. contains the disorders of the tissues, and the varieties of the pains; while No. II. includes the other more distant affections.

TABLE II.

	Arsenicum	Bellad.	Calcarea.	Conium.	Hepar.	Merc. Sol.	M. Subl.	Rhus.	Sulph.
Swelling of the Head	.....	.....	Calc.	.....	.....	.....	.....	.....	.....
Eruption on the "	.....	.....	.....	Con.	Hep.	.....	M.Subl.	Rhus.	Sulph.
Do., with Scabs	.....	.....	Calc.	.....	.....	.....	.....	Rhus.	.....
Perspiration of the Forehead.	.....	.....	Calc.	.....	.....	.....	.....	.....	.....
Inflam. & Swelling ab't Eyes	.....	.....	Calc.	.....	Hep.	.....	.....	Rhus.	.....
Eruption on the Face	Ars.	.....	Calc.	Con.	.....	M. Sol.	M.Subl.	Rhus.	Sulph.
Nose, Swollen and Red	Ars.	Bell.	Calc.	.....	.....	M. Sol.	.....	.....	.....
Acrid Nasal Discharge	Ars.	.....	Calc.	Con.	.....	M. Sol.	.....	Rhus.	.....
Swelling of Parotid Glands	.....	.....	.....	.....	.....	M. Sol.	.....	.....	.....
" Upper Lip	.....	Bell.	Calc.	.....	Hep.	M. Sol.	.....	.....	Sulph.
Eruption on Lips	.....	.....	Calc.	.....	.....	.....	.....	.....	Sulph.
Scabs on Lips	.....	.....	Calc.	.....	.....	.....	.....	.....	.....
Salivation	.....	.....	Calc.	.....	.....	.....	.....	.....	.....
Thirst for Water	.....	.....	Calc.	.....	.....	.....	.....	.....	.....
Swelling of glands of Neck	.....	.....	Calc.	.....	Hep.	.....	M.Subl.	Rhus.	.....
Thick, Hard, Abdomen	.....	.....	Calc.	.....	Hep.	.....	.....	.....	.....
Constipation	.....	.....	Calc.	.....	.....	.....	.....	Rhus.	.....
Bloating of the Body	.....	.....	Calc.	.....	.....	.....	.....	.....	.....
Inclination to Perspire	.....	.....	Calc.	.....	.....	.....	.....	.....	.....
Pimples on the Body	.....	.....	.....	.....	.....	.....	.....	.....	Sulph.
Suppressed Foot-Sweat	.....	.....	.....	Con.	.....	.....	.....	.....	.....
General Restlessness	Ars.	.....	.....	.....	.....	.....	.....	.....	.....
Irritability and Obstinacy	.....	.....	.....	.....	.....	M. Sol.	.....	.....	.....

TABLE I.

	Arsenicum.	Aurum.	Baryta.	Belladonna.	Calcarea.	Causticum.	Conium.	Euphrasia.	Hepar.	Magnesia.	Merc. Sol.	Merc. Sub.	Acid Nit.	Rhus.	Sulph.
Eyelids Swollen	Ars.			Bella.			Con.		Hep.		M. Sol.	Sub.		Rhus.	Sulph.
" Inflamed				Bella.	Calc.		Con.				M. Sol.				
" Conjunctiva							Con.								
" Spasmodically Closed	Ars.				Calc.		Con.		Hep.		M. Sol.				
" Covered with Pustules,					Calc.										
" Itching of							Con.								
" Sticking Together	Ars.				Calc.		Con.		Hep.		M. Sol.	Sub.			Sulph.
" Piercing Pains when Opened	Ars.														
Edges of the Lids Inflamed and red	Ars.			Bella.			Con.		Hep.			Sub.			
" " Knobby and Ulcerated							Con.								Sulph.
Meibomian Glands, Secreting Mucus									Hep.						
" " Red and Inflamed	Ars.											Sub.			Sulph.
" " Swollen	Ars.														Sulph.
Conjunctiva Inflamed							Con.					Sub.			
" Swollen												Sub.			
" Red and Injected	Ars.			Bella.	Calc.		Con.		Hep.						Sulph.
" Flesh-Red	Ars.								Hep.			Sub.			
" Spongy															Sulph.
" Bag-Shaped												Sub.		Rhus.	
" Granular, or covered with Papillary bodies												Sub.			
" of Cornea surrounded with a Convol. of Blood vess.				Bella.			Con.					Sub.			Sulph.
" " Degenerated	Ars.														
Angles of the Eyes red															Sulph.
Pupils Dilated							Con.								
Cornea hazy and dim	Ars.				Calc.		Con.	Euph.	Hep.	Mag.			Ac. Nit.		Sulph.
" with bluish-gray Specks	Ars.														
" Puffed up						Caust.									Sulph.
" covered with Vesicles			Bary.						Hep.					Rhus.	
" " Pustules				Bella.	Calc.				Hep.		M. Sol.				
" " Ulcers	Ars.				Calc.				Hep.			Sub.			Sulph.
" Layers of filled with Pus	Ars.								Hep.						
" " " Lymph															Sulph.
" Vascular									Hep.			Sub.			Sulph.
Anterior Chamber full of Pus									Hep.			Sub.			
Sclerotica Injected					Calc.		Con.		Hep.						
" Spongy	Ars.														
" Swollen and Knobby															Sulph.
Caruncula Lachry. Swollen	Ars.														
" " Inflamed	Ars.														
Intolerance of Light	Ars.	Aur.		Bella.	Calc.		Con.	Euph.	Hep.		M. Sol.	Sub.			Sulph.
" Candle-Light									Hep.						Sulph.
Lachrymation	Ars.			Bella.					Hep.						Sulph.
Tears, Hot															Sulph.
" Acrid	Ars.				Calc.		Con.		Hep.		M. Sol.			Rhus.	
" with Pus	Ars.			Bella.			Con.		Hep.						
Aching Pains				Bella.	Calc.										Sulph.
Biting "	Ars.														
Burning "	Ars.				Calc.		Con.		Hep.						
Piercing "	Ars.				Calc.		Con.								Sulph.
Cutting "	Ars.										M. Sol.				

RHEUMATIC OPHTHALMIA.

See page 49.

(*a.*) RÜCKERT says that in this dangerous form of eye-inflammation, the homœopathic literature has several very interesting cases of cure to present.

The following remedies have been used most frequently, namely, Acon., Bryon., Clematis, Coloc., Natrum, Mer., Puls., Merc. Sol., Rhus, Spigelia, and Sulphur.

ACONITE.

KREUSSLER says that Aconite deserves particular attention in rheumatic ophthalmia; it often effects cures unaided by any other remedy.

(*b.*) It is a decidedly homœopathic remedy to rheumatism, (see Treatise on Apoplexy, p. 67.) It causes pains, especially in the bones and joints. VOGT. Painful sensations in the bones and joints, which disappear after the breaking out of a profuse sweat, and abundant flow of urine. SOBERNHEIM. It acts decidedly on the fibrous system; causes the most violent pains in the bones and joints. HARNISCH. General painfulness of all the joints. KÜTTNER. (PETERS.)

BRYONIA.

(*a.*) DUDGEON says it is an efficient remedy in rheumatic ophthalmia, when the sclerotica, and membranes of the aqueous humor are involved.

(*b.*) HERING says it is useful after Pulsatilla when the pains have lessened, but the redness remains; also when the eyes burn or smart as if sand were in them, aggravated in the evening and at night; when the lids are swollen, and the pain shoots into the head, when they are opened.

(*c.*) Bryonia resembles Colchicum in its action; it acts principally upon the serous and fibrous tissues, and upon the liver, and is perhaps most serviceable in the rheumatisms of bilious persons, who are also subject to derangement of the stomach, nausea, and diarrhœa. PETERS.

CLEMATIS.

(*a.*) HARTMANN says it is the most important remedy, and its place can be supplied by no other, when the aching in the

eyes, intolerance of light, and lachrymation are especially increased in the open air; when the eyelids stick together in the morning, with great heat in them, and the iris is inflamed.

(*b.*) It is allied to Rhus and Corrosive Sublimate in its action, causing an efflorescence upon the skin and a vesicular eruption; and curing chronic headache when seated in the fibrous tissue of the scalp, secondary syphilis, venereal ulcers, and bone pains, also fungus excrescences, and various chronic humid exanthems. PETERS.

COLOCYNTH,

(*a.*) Acts with peculiar power upon the nerves and other portions of the very lowest parts of the bowels, and neighboring organs, such as the kidneys, lumbar plexus of nerves, etc.; and is especially homœopathic in affections of the eye and head, which arise in connection with, or from sympathy with these parts, both neuralgic and inflammatory.

CASE 137.—A man, aged 34, had suffered for 8 days with pain in the right eye, returning periodically every morning; the conjunctiva was red, the edges of the lids irritated, the eye watered and seemed smaller, with the sensation as if it would fall out when the patient stooped. The attack commenced with piercing pain in the forehead over the eye; followed by rending pain extending from the eye into the right temple, aggravated by coughing, shaking the head, looking at a bright light, and by touch. There was a discharge of purulent nasal mucus; obstruction of the nose and loss of smell; the patient was chilly, irritable, and weak. The paroxysms lasted until 2 P. M., with entire relief during the evening and night.

Treatment.—The attack was cured in 4 days, by Colocynth 3, 1 dose every night and morning.—*Genl. Hom. Journ.* Vol. 34, p. 323. HAUSTEIN.

NATRUM MURIATICUM.

See Treatise on Headaches, p. 55.

The use of common table-salt, as a medicine, was for a long time confined to the homœopathists; now it is used in the dominant school as a tonic and nutrient remedy; it is supposed to improve the blood, to diminish the quantity of serum quite decidedly, thus rendering it thicker; also to increase

the quantity of blood-globules quite decidedly; augments the fibrin in a slight degree, and lessens the quantity of albumen in an equal proportion; finally, it also increases the quantity of iron and fat in the blood. It increases the appetite, but its most certain and frequent effect is increase of strength, while the heat of the body is more readily generated and exposure to cold is better borne. M. PLOUVIEZ increased in weight under its use to the amount of 13½ lbs. Troy in about 2 months, and repeatedly became so plethoric with fullness about the head, that he felt himself obliged to be bled. Hence it is regarded as an antipathic remedy to debility, emaciation, anæmia, chlorosis, and scrofula. Latterly it has been used as a substitute for Bark, Quinine, and Arsenic in the treatment of fever and ague; it succeeds in about 60 per cent. of all cases. PETERS.

CASE 138.—A man, aged 29, had suffered occasionally for several years with rheumatic catarrhal ophthalmia. The eye seemed dim, pus collected at the angles, there was profuse lachrymation, slight redness of the conjunctiva of the ball, and some swelling of that of the lids; the pupils were somewhat contracted, the iris discolored; exposure to light caused a violent piercing in both temples; there was a constant appearance of gauze before the eyes, and feeling as if it must be wiped away; change of light caused violent pain; objects disappeared while reading and writing; he could not see distant objects at all; at 10 paces every thing looked like large black bodies.

Treatment.—1 dose of 8 globules of Natrum Mur. 30, was given daily for 4 weeks; then Natrum 30 and 12, in alternation, every 2 days; the patient was cured in 4 months. LORBACH.

PULSATILLA

acts decidedly upon both the mucous membranes and fibrous tissues, and hence has a relation both to catarrhal and rheumatic affections; it also has a specific relation to the eye.

HERING says after the severity of the inflammation has been lessened by Aconite, but violent pains still remain, and are cutting, boring, or piercing, the eye being intolerant of light, all the symptoms being increased in the afternoon and evening;

when there have been frequent relapses, and the patient is inclined to weep, then Pulsatilla will be found useful.

CASE 139.—A lad, aged 13, suffered with ophthalmia attended with considerable pain about the eye; the sclerotica was traversed by fine, red vessels, which formed a rose-red circle around the cornea; there was but slight conjunctivitis, and some iritis; also œdema of the upper lids and profuse secretion of mucus.

Treatment.—Pulsat. 30, 2 doses; in 48 hours the whole disease was removed except a slight conjunctivitis. Puls. is supposed to be specific in similar cases. LINK.

MERCURIUS SOLUBILIS.

Mercury is the remedy *par excellence* in all rheumatic affections of the eye in which the iris is involved. In most cases it would be unsafe to trust entirely to any other remedy.

CASE 140.—A healthy, blooming girl, aged 19, had suffered with her eyes for 12 days. Both eyes had been attacked simultaneously, but the right one had improved rapidly, so that the pupil was only a little too widely dilated and the iris too little sensitive to light. The sight was gone, however, in the left eye.

The sclerotica was inflamed, as was evident from the peculiar redness around the cornea and beneath the conjunctiva. The centre of the cornea was transparent and free from ulceration, but its circumference was dim and grayish like ground glass; the pupil was contracted, irregular, and immovable; the color of the iris had a greenish tinge, the pupillary edge was swollen, and there was a delicate gray exudation of lymph within the circumference of the pupil, (*iritis;*) there was also a small deposit of yellow pus at the bottom of the anterior chamber, (*hypopion.*) Daylight could be distinguished from darkness with the diseased eye, but every thing seemed changed into a gray mist; there was no intolerance of light, some lachrymation, no great pain by day, but violent, rending, tearing pains sat in in the eye and its neighborhood, in the temples, forehead and cheeks, every evening and night.

Treatment.—One grain Merc. Sol. 3, was given daily for 2 weeks; in a few days, the pains had ceased, and there was only

a slight redness about the cornea; but the eye was dim; still the pupil was clear, and no longer irregular; the iris blue and sensitive; the dimness and pus had disappeared, and sight was restored. A perfect cure soon followed.—*Genl. Hom. Journ.* Vol. 19, p. 68. KNORRE.

CASE 141.—A sickly, psoric woman had suffered for several weeks with rheumatic ophthalmia; the sclerotica and conjunctiva of the *right* eye were inflamed; the rosy redness of the former was visible through the latter; the conjunctiva resembled a dense net-work of blood-vessels; there was an ulcer upon the cornea of the size of a mustard-seed, with broad, whitish-gray and opaque edges; there were rending and boring pains in the eyes and its neighborhood, especially in the frontal bones, with aggravation in the evening and at night. Shaking chills sat in when the aggravations lessened; lachrymation, photophobia, especially for candlelight, imperfect vision, as if looking through mist; rending pains in the ear and teeth of the right side.

Treatment.—Merc. Sol. $\frac{1}{12}$th, 6 doses, one per day, effected a perfect cure in 14 days, marked by cessation of the inflammation, and cicatrization of the ulcer. KNORRE.

Review.

The striking features in the above cases are: the presence of rending and boring pains, increased at night, and seated in the *bones* about the eye; the inflammation of the sclerotica, with bright rosy-redness visible through the conjunctiva; and the well-marked *Iritis.*

The *doses* were Merc. 1-12 gr., and Merc. 3.

RHUS.

(*a.*) In an epidemic of *catarrhal-rheumatic* ophthalmia, SCHELLING found *Rhus* the principal remedy; next in order, Arsenicum was found most useful, especially when the patient had a pale, delicate skin, tendency to bloating, considerable debility, with inclination to fainting.

When there was a tendency to scabious affections, Sulphur proved useful; to rhachitic or scrofulous disorders, Calcarea; to herpetic and impetiginous eruptions, Lycopodium.

(*b.*) HERING says, when Bryonia seems indicated, but does not help, and there are biting, aching, and sticking pains, with much lachrymation, and agglutination of the lids, or when they are swollen, as if from erysipelas, then Rhus is useful.

(*c.*) Rhus is most decidedly homœopathic to erysipelatous, pemphiginous and vesicular diseases and eruptions; as these stand in an almost antagonistic relation to rheumatic affections, it is exceedingly doubtful whether Rhus is ever truly and absolutely homœopathic to any decided rheumatic affection. PETERS.

From cases furnished by SCHELLING and SEGIN, the follow-ign *clinical indications* for the use of Rhus have been arranged by RÜCKERT.

Eyelids swollen and closed on account of intolerance of light, and spasmodic contractions; œdematous swelling of both lids.

Edges of the lids reddened, and the lashes stuck together with mucus; profuse lachrymation of both eyes; pimples and red streaks upon the cheeks, excited by the acrid tears; conjunctiva of the left eye covered with a bright, *erysipelatous* redness; redness of the conjunctiva of both eyes, which is traversed with a delicate vascular net-work; sclerotica of both eyes velvety and dark-red; redness of the sclerotica and development of numerous blood-vessels; blood-redness of the right eye; a dense net-work of vessels surrounding the cornea, and forming a wall around its circumference, (*chemosis;*) dimness of the cornea, which is covered with mucus; grayish opacity of the right cornea, with two whitish and shining specks; commencing opacity on the left cornea; *dimness and smokiness of the capsule of the lens;* pupils insensible to alternations of light and shade; great sensitiveness of the eye to light; change of the color of the Iris from blue to *green*, with indistinctness of the pupillary margin, (Iritis.) The Iris oblique and somewhat contracted; excessive soreness of the ball of the right eye, so that it will not bear the slightest touch; aching, burning pains in the eyes; *intermittent* inflammation of the eyes; irritability of temper towards noon, so that the patient is apt to strike and press his head against the wall.

Accompanying Complaints.

Dizzy sensation, as if one were drawn backwards or sidewards while walking; headache often increased by day, and also at night, which, however, occasionally lessens, but never entirely ceases; piercing pains, especially in the left temple, extending into the eye; heat of the head; redness of the face during the attacks of pains, but frequent paleness at other times; dirty, yellow, and pale color of the face, with some bloating; rushing and noises in the ears; white coating of the tongue; insipid and pasty taste in the mouth; dryness of the mouth, without thirst; slimy state of the mouth; fullness of the stomach, and nausea after taking but little food; twisting, turning, and sense of emptiness in the stomach, with yawning and eructations while fasting; pressing and cutting pains in the abdomen; dry and painful stools, occasionally alternating with diarrhœa; frequent urinations, especially at night, occurring quickly and even involuntarily; then retention of urine, which is dark-red.

Limbs.—Not slight rending, piercing, and flying pains in the limbs, especially in the armpits, shoulders, hips, and thighs of the left side; excessive tenderness of the first dorsal vertebra, (*spinal tenderness;*) constant spasmodic contraction of the left thigh, with spasmodic pain in it, and tension extending from the knee to the swollen foot.

An eruption of red pimples and pustules upon the nose and cheeks becomes more severe as the eye affection improves, and *vice versa;* violent burning and rending pain about the affected eye, aggravated every night and morning, depriving the patient of rest and sleep; sleep restless, disturbed by dreams and tossing about.

Fever Symptoms.—Chilliness and cold extremities in the afternoon; skin dry and very sensitive to slight changes of temperature; incessant chilliness and shuddering, as if from a cold, moist draught of air, extending from the feet and thighs upwards; irritability and impatience; sudden fits of passion.

Review.

In 3 cases, the patients were of the sanguine temperament 4 were females; 2 were from 2 to 4 years of age; 2, 30 years; and 1, 42 years.

In 3 cases, the attacks arose from cold, and had lasted from 2 to 3 weeks; 2 cases had persisted for 10 weeks; in 3 cases, the disease was confined to the right side.

Doses.—Low dilutions were used in all cases, namely, from the 1st to the 5th; improvement began in from 4 to 6 days.

Rhus alone effected cures in 4 cases; in 1 case, in a scrofulous patient, Calcarea was given to complete the cure.

SPIGELIA.

See Treatise on Headaches, page 85.

(*a.*) RUMMEL says that it seems peculiarly suited to rheumatic and arthritic ophthalmias, and to possess the power of controlling severe inflammations of the eye and cornea. Pains about, and deep in the eyes are removed by it.

CASE 142.—A patient had suffered for 14 days with ophthalmia; the eye was greatly reddened; the crowded vessels formed a bluish-red circle deep in the sclerotica, a few lines from the cornea; the cornea, especially its lower segment, was so much dimmed that the form of the pupil could not be clearly distinguished, and all objects seemed as if enveloped in mist. The eyes were exceedingly painful, especially when moved or turned, somewhat relieved by holding the lids closed; violent aching, which extended from the bony portions of the orbit to the temples; sensation as if an ulcer would form in the eye; exposure to light was not exceedingly painful to the eye.

Treatment.—Sulphur 2, did not afford relief; then Spigelia 30, 1 drop, was given; the following night was spent without pain, the inflammation had lessened, but on the following evening, the pains had increased, with discharge of biting, acrid tears. Spigelia 30, was repeated, with progressing improvement, except that the cornea remained unchanged. Tinct. Euphrasia, 1 drop per dose, removed the dimness of the cornea in a few days. The painless congestion of the white of the eye disappeared under the use of Nux 24. RUMMEL.

CASE 143.—A man had had violent pain in the right eye, 2 years ago, after the cessation of which a ptyrygium commenced to grow until it extended far upon the cornea. At present there was a fresh attack of pain as if the left eye would

burst, increased by stooping, and appearing regularly for a long time every morning before rising, lasting until noon, and then suddenly ceasing.

Treatment.—Nux did not help; Spigelia 30, 2 doses cured him. PULTE.

SULPHUR.

CASE 144.—A lad, aged 18, who had had suppressed itch, and lost his right eye from an attack of inflammation, was taken with ophthalmia in the left eye. Equiform, bright redness of the sclerotica, formed by minute blood-vessels; single varicose bundles of vessels on the conjunctiva; bluish circle around and slight opacity of the cornea; contraction and immobility of the pupils; acrid flow of tears; intolerance of light; violent rending pains in the supraorbital and temporal regions, and in the eye itself, increased at night; slight fever.

Treatment.—At first daily, and then bi-daily, drop-doses of Tinct. Sulph. were given; the first dose relieved the pains somewhat, and in 3 weeks, the whole disease was removed. DIETZ.

CASE. 145.—A middle-aged man had suffered for a long time periodically with attacks of ophthalmia.

Symptoms.—The whole *left* eye seemed enlarged, and its coverings swollen; the cornea was dim, as if covered with fine dust, and was the seat of a suppurating ulcer; the conjunctiva was blood-red from crowded blood-vessels; intolerance of light; constant aching pains about the whole circumference of the orbit, increased to a frightful degree by moving the eyes, or exposure to sunlight, even when the lids were closed, and almost driving the patient to despair. The pain involved the whole of the head and caused entire loss of rest and self-command.

Treatment.—1 grain of Sulph. 2, removed the whole disorder; even the ulcer healed in a few days. GROSS.

CASE 146.—A robust man, aged 27, had suffered for years with periodical attacks of ophthalmia.

Symptoms.—In a new attack, the left conjunctiva was blood-red, as if injected; there were aching, tensing, burning, and piercing pains through the left eye; rending pains in the left

side of the head; but little appetite; constipation; fever in the evening, with heat through the whole body; almost constant chilliness by day; mist before the eyes; quick, hard pulse.

Treatment.—Aconite and Bellad. caused but little improvement; but 2 doses of Sulphur 30, one every 4 days, cured the whole radically in 8 days. TIETZE.

CASE 147.—In rheumatic ophthalmia, with great redness of the sclerotica, decided intolerance of light, discharge of acrid tears, rending and piercing pains in and about the eye, with rheumatic pains in other parts, Bellad. 30, with alternating doses of Sulphur 60, produced decided good effects. Several cases were cured by Sulphur alone; others by Nux. WEBER.

CASE 148.—A rough and drunken woman, aged 53, who had ceased menstruating for 1 year, had suffered for 2 years with repeated attacks of inflammation of the right eye. The present attack had lasted 4 weeks.

Symptoms.—A pale-red edge around the cornea, more decided above, where there was an extensive inflammation of the sclerotica and conjunctiva. From thence a bundle of vessels extended half across the cornea, between which the cornea appeared like ground glass, or like gelatin, and was also somewhat swollen; the conjunctiva of the ball and the sclerotica were not actually inflamed, but only traversed here and there by enlarged blood-vessels. Intolerance of light, lachrymation, heat and burning in the eyes, sticking together of the lids, rending pains in the eyes and about the face, and right side of the head, with evening and night aggravations, roaring and rushing sounds in the right ear, with deafness, periodical rending pains in the left ear, with discharge of purulent serum, especially at night; rending rheumatic pains in the right shoulder-joint, so that she can often not raise the hand to the mouth, or use it at work.

Treatment.—Sulph. 3, grain doses, one every morning; in 7 days, the inflammation had entirely disappeared; the cornea was so clear that she could distinguish large objects; 10 doses more effected a perfect cure in 3 weeks more. KNORRE.

Review.

Of the 4 cases, 3 were in males and 1 in a female, of the age of 18 to 40 or 53 years. The disease was inclined to return periodically; one patient had already lost an eye, in a similar attack. In all cases, the disease was confined to one eye, namely, twice on the right side and twice on the left. The redness of the sclerotica and the characteristic ring about the cornea were distinctly evident. The pains in and about the eye were aggravated in the evening and night.

Doses.—Tinct. Sulph. in 1 case;
Trit. 1st and 2d in 2 cases;
Sulph. 30, and 60, in 1 case.

Sulphur alone cured 4 cases, in one instance after the previous ineffectual use of Acon. and Bellad. In one case, Bellad. was alternated with Sulph. Even long-standing cases were cured in from 1 to 3 weeks. In 1 case, after repeated doses of Sulph. 3, a not inconsiderable aggravation preceded the cure.

General Review of the Treatment of Rheumatic Ophthalmia.

In 14 cases, Rhus and Sulph. were each used in 4 cases; Merc. in 2; Coloc., Natrum Mur., Puls., and Spigelia, each in 1 case. In the more *acute* forms, Coloc., Puls., Spigel., Rhus, and Merc. were relied upon; in the *chronic* cases, Sulph. and Merc.; when there was an intermitting type, Coloc. and Rhus; Aconite, Bryonia, and Clematis were merely recommended.

When the *lids* were swollen, Bryon.; and when closed, Rhus; œdematous swelling with redness of the edges of the lids, Rhus; especial œdema of the upper lids, Pulsat.; when the angles of the eye maturate, Natrum Mur.

When the *conjunctiva* is only slightly inflamed, Pulsat.;—bright red, and traversed with a net-work of enlarged vessels, Merc., Rhus, Sulph.; when there was a wall around the cornea, (chemosis,) Rhus and Sulph.

When the *scelorotica* was inflamed, Sulph.; traversed with small blood-vessels, Puls.; rose-red, Merc.; a bluish-red circle around the cornea, Spigelia; a rose-red one, Puls.; red, with great development of the vessels, Rhus and Sulph.

When the *cornea* was surrounded by a pale rim, Sulph.; by an opaque, whitish-gray circle, Merc.; dim, opaque, and glanceless, Merc., Spigel., Sulph.; gelatinous and swollen, Sulph.; covered with ulcers, Merc., Sulph.; with commencing opacity, Rhus and Sulph.

When the *iris* is inflamed, Clematis; discolored, Natrum Mur; greenish, Merc., Rhus; irregular, Rhus.

The *pupils* contracted, distorted, and immovable, Merc.; insensible, Rhus.

When the *pupillary margin* is indistinct, Rhus; swollen, Merc.; the membranes of the aqueous humor affected, Bryonia.

The *lens* smoky and dim, Rhus.

Intolerance of light, Natrum m., Puls., Rhus.; lachrymation, Merc; acrid tears, Rhus and Sulph.

Aching pains were relieved by Rhus, Spig., and Pulsat.; when aggravated by motion and sunlight, Sulph.; piercing pains, by Natrum m.; rending and boring, by Merc.; in the bones about the eye, Merc. Sulph., and Sulph.; nocturnal aggravations, by Merc., Sulph.

Rhus cured various accompanying gastric affections; pains in the limbs, fever, rending in the shoulder-joint by Sulph.

Doses.—The higher dilutions of Natrum, Puls., Spigel., and occasionally of Sulphur were used. The *lower* potencies of Rhus, Merc., and Sulph., almost always in repeated doses.

Of the 15 physicians who furnished cases, 7 used the lower potencies, and 8 the higher. Repeated doses were used in 14 cases.

Results.—In the slighter cases, improvement began in from 4 to 6 days; in chronic cases, from 2 to 3 weeks; 4 months were required in 1 case.

Calcarea was given after Rhus, and Euphrasia after Spigelia with good effect.

KREUSSLER says Aconite alone will often effect cures; Bryonia is recommended by DUDGEON, especially in affections of the sclerotica and membranes of the aqueous humor. HERING advises Clematis after Pulsatilla has relieved the pains, but not removed the redness. He also gives Pulsat. when Acon. has lessened the inflammation, but not removed the nocturnal pains. And praises Rhus, when Bryonia seems indicated, but does not help.

CATARHAL OPHTHALMIA.

See pages 27, 29, and 45 to 49.

According to KLOTAR MÜLLER, as the inflammation sets in suddenly, with great pain and some fever, it is judicious to commence with *Aconite;* it is also useful in the later stages of catarrhal-rheumatic ophthalmia, when there are insupportable pains in the whole ball of the eye, or above and about it, commencing in the evening and aggravated at night.

Belladonna is especially suitable when the white of the eye is much reddened or traversed with large blood-vessels, with great intolerance of light, discharge of burning tears, or unpleasant dryness of the eyes, increase of pain from moving them, erysipelatous swelling of the lids, violent headache, vertigo, dimness of vision, or appearance of sparks, or black, flying spots before the eyes.

Euphrasia is the main remedy when the inflammation arises in consequence of, or in attendance with, catarrh of the nose, with profuse secretion of mucus, flow of tears, and formation of small vesicles upon the edge of the cornea.

Hepar. sulph. and *Mercurius*, when there is soreness and swelling of the edges of the lids, with thick, purulent mucus, nocturnal agglutination, ulcers and specks upon the white of the eye and cornea, pimples and scabs about the eyes and eversion of the lids.

Nux Vomica is indicated, especially when the internal angles of the eye are inflamed, with aching as if from sand, or burning as if from an acrid substance, with profuse lachrymation, great photophobia, especially in the morning, catarrh of the nose and headache, great irritability and constipation.

Pulsatilla when there is a pale swelling of the lids or about the eyes, with profuse secretion of tears and mucus, agglutination of the lids, violent pains in the eyes, and aggravation of the symptoms especially in the evening and night.

Spigelia, when there are insupportable pains deep in the sockets of the eyes, especially from motion, sensation as if the ball of the eye were too large, boring, piercing, cutting, and burning pains as if from foreign bodies therein, profuse lachrymation, dull, turbid appearance of the eyes, dimness of vision,

loss of sight when exerting the eyes, intolerance of light and of vision.

Against frequent and profuse lachrymation, Euphrasia, Crocus, Digitalis, Graphit., Phosphor., and Spigelia.

ACONITE.

GRIESSELICH says that he has sometimes, in catarrhal ophthalmia, seen good effects from Aconite only.

ARSENICUM.

See pages 61 and 62.

CASE 149.—A woman, aged 54, had suffered for 8 days with catarrhal ophthalmia and coryza.

Symptoms.—Redness of the sclerotica of the *right* eye, swelling of the lids, piercing pain in the ball and internal angle from moving the eye, or looking at a bright light; burning and aching as if from sand; tearing pains in the forehead extending into the eye, sensitiveness of the eyes to touch, flow of burning tears, gauzy dim-sightedness, intolerance of light, discharge of burning mucus from the right nostril, dull confusion of the head in a warm room, lassitude, chilliness, thirst, and sleeplessness.

Treatment.—Arsenicum 6, 1 drop night and morning, effected a cure in 5 days. HAUSTEIN.

BELLADONNA.

CASE 150.—A catarrhal ophthalmia in the right eye of a child, aged 2, was cured in 48 hours, with Bellad. 400.

Symptoms.—The eyelids were swollen, especially in the morning, secretion of mucus, sticking of the lids together, redness of the internal portion of the eyeball, sensitiveness of the eyes to air and light.

CHAMOMILLA

Is most useful in children when the eyes prick, ache, and burn as if heat came out from them, and are swollen, or stuck together in the morning, or else are very dry. HERING.

DIGITALIS

is recommended by KNORRE in catarrhal ophthalmia which has arisen from the sudden suppression of catarrh of the nose, when the conjunctiva of the lids and ball are swollen, with feeling as if sand were between them, and swelling and redness of the lids; aching and shooting stitches of pain, intolerance of light, constant lachrymation increased by bright light and cold, profuse secretion of pus in the corners of the eye, obstruction and dryness of the nose.

EUPHRASIA.

See page 79.

CASE 151.—A woman, aged 22, had suffered with ophthalmia for 10 days in consequence of taking cold.

Symptoms.—The white of the lids and balls of both eyes were reddened; with enlarged and congested vessels running as far as the cornea; there was an insupportable itching and pain as if from sand in the eyes; lachrymation, sensitiveness to light. The right eye was worse than the left, and the attending catarrh was also most troublesome in the right nostril.

Treatment.—After taking Euphrasia 3, a visible and progressive improvement occurred. FRANK.

CASE 152.—A young lady, aged 20, a healthy brunette, and regular in menstruation, had suffered for 3 months with catarrhal ophthalmia.

Symptoms.—The conjunctiva chemotic and reddened; profuse lachrymation; discharge of acrid water from the nose; intolerance of light, so that she was obliged to remain in a dark room; aching, cutting pains in the eyes and frontal sinuses; ulceration of the cornea.

Treatment.—Euphrasia 3, internally, and an external application of 3 drops in 3 ounces of water, effected a cure in 5 days, after a not inconsiderable aggravation. WEIGIL.

CASE 153.—A robust woman, with catarrhal ophthalmia, was cured in 5 days with Euphrasia 3, after a decided aggravation.

CASE 154.—A woman, aged 53, took 1-drop doses of Euphrasia 1, for catarrhal ophthalmia, and was soon attacked with the most violent pains in the affected eye; she only fell asleep toward morning, but then awoke almost well. FRANK.

HEPAR. SULPH.

CASE 155.—During an epidemic of influenza, many persons were attacked with catarrhal or influenza-ophthalmia; the eyes became violently inflamed, watered profusely, with excessive intolerance of light, swelling and redness of the lids.

Treatment.—After a few doses of Bellad., Hepar. acted with great rapidity and certainty.

CASE 156.—A young psoric lady had catarrhal ophthalmia with the following

Symptoms.—The eyelids were inflamed, sore, oozing, and as if cauterized, especially at the internal angles; their internal surface was bright-red and inflamed, with burning, especially in the morning; soreness, biting, and itching of the lids; redness of the conjunctiva, which was traversed with isolated large blood-vessels; intolerance of light; colored and turbid halos around the candle in the evening, and aching pains so that the eyes had to be closed.

Treatment.—Repeated doses of Hepar. 3, soon effected a cure. KNORRE.

MERCURIUS SOLUBILIS.

CASE 157.—Merc. and Rhus generally produced rapid relief in catarrhal ophthalmia with slight rosy-redness of the conjunctiva, especially at the inner angle of the eye, attended with profuse lachrymation and catarrh of the nose. Still, relapses were apt to occur unless proper care and necessary warmth were attended to. SCHELLING.

NUX VOMICA.

See page 89.

PULSATILLA.

WEBER says this remedy is useful when the sclerotica is but little or not at all reddened, or only has red spots or specks upon it; when acrid tears are secreted, and the patient believes that something has got into his eye, with aching in the eyes as if from dust, intolerance of light, redness, and swelling of the eyelids, and evening aggravations. He used Pulsat. 30, 1 dose every 72 hours, and effected cures in a few days, although Bellad. 30, or Sulphur was required at times, or Staphysagria when the lids were especially affected.

CASE 158.—A delicate, scrofulous girl, aged 15, had suffered for 12 days with catarrhal ophthalmia.

Symptoms.—The inner surface of the eyelids was reddened and swollen; on the conjunctiva there were many enlarged blood-vessels converging toward the cornea; beneath these, the sclerotica was seen uniformly and intensely reddened; there were several vesicles on the cornea of each eye; the iris and pupils were natural. Increased secretion of mucus and tears; great photophobia; piercing pains in the eyes, forehead, and temples, aggravated toward evening and midnight; scanty menstruation every 3 weeks; had previously suffered with acne.

Treatment.—Blisters had been used without benefit; after 3 doses of Pulsat. 6, 1 dose each day, the pains were relieved, and under the continued use of the same remedy every other day, a cure was soon accomplished. DIEZ.

CASE 159.—A man, aged 30, had been sick 6 or 7 days.

Symptoms.—Dryness and burning about the eyes, increased in the evening; redness and swelling of the edges of the lids; purulent mucus in the corners of the eye, with adhesion; the conjunctiva was spongy, dull, irregularly reddened and punctated.

Treatment.—Pulsat. 3, one dose every night and morning, effected a cure in 3 weeks; a similar attack, 2 years before, treated allopathically, lasted 3 months.

Review.

Ten different remedies were used in the treatment of the above 11 cases; they present little that is characteristic. But we find that Euphrasia is useful not only in acute, but also in neglected and obstinate cases; Arsenicum and Hepar. are reliable remedies in the latter class.

The lids and angles of the eyes are always most severely affected; Nux is most useful when the corners of the eyes are principally affected. Euphrasia, when there is an attending violent catarrh of the nose; Digitalis, when ophthalmia occurs after suppressed catarrh. Nux is the most suitable remedy when there is biting sensation, as if from salt in the eye.

PURULENT OPHTHALMIA.

Egyptian Ophthalmia.—This is one of the most severe and destructive diseases of the eye; it is originally and essentially an affection of the mucous membrane of the eyelids, with puriform discharge; it generally, however, extends to the conjunctiva of the ball, and sometimes, in spite of all the means that can be employed, it reaches the globe itself, producing in the cornea and iris, injurious and destructive effects similar to those which take place in the ophthalmia of new-born children. LAWRENCE.

VETCH, of 636 cases, had fifty dismissed with loss of both eyes, and fifty with that of one. In a large boys' school in Yorkshire, blindness of one or both eyes, or serious injury to the sight from corneal opacities, took place in nearly 20 instances. Of 1500 cases at Ancona, 97 lost one eye, and 49 both. Of 1604 cases treated by MULLER, 15 became blind in both eyes, 18 with impaired vision of both eyes, and 26 remained blind in one eye. Of 30,000 cases in the Prussian army, blindness followed in 1100; and in 1810, in the Chelsea and Kilmanheim hospitals, there were 2317 soldiers a burthen upon the public from blindness in consequence of purulent ophthalmia, those who had lost the sight of one eye only, not being included. All had been treated allopathically.

Symptoms and Progress.—According to LAWRENCE, in the first stage there is redness of the inside of the lids, with a coating of a little whitish mucus; some watering of the eye and stiffness of the lids. This stage is not often seen by the physician, and often is hardly noticed by the patient. But the disease soon extends to the ball of the eye, followed by high vascular action, great redness and tumefaction of the conjunctiva, and profuse discharge. The redness is uniform and bright, and there are often red patches of effused blood in or under the conjunctiva, which is besides greatly swollen and raised into an elevation called *chemosis*, often so considerable as not only to form a wall around, but also to overlap and nearly cover the cornea. At this period, the lids swell greatly, so as frequently to form two large, convex, colorless, or slightly-red protuberances, which meet and nearly close the eye, preventing in conjunction with the chemosis, all satisfactory examination of the

cornea. The abundant purulent discharge not only bathes the eyes and lids, but crusts the edges of the lids and lashes, and pours out over the face, and even drops down upon the clothes; the quantity of matter discharged is said in some cases to amount to several ounces.

As the disease extends to the ball of the eye, the pain is greatly increased, becomes severe and excruciating, is deep-seated, and often attended with fullness and throbbing of the temples and headache. There are remissions and aggravations of suffering, which are sometimes periodical; and the pain often returns, particularly the sensation, as if there were a foreign body in the eye, even after it has been removed for a time by treatment.

In the early stage, there is not much fever, but when the inflammation extends to the ball of the eye, general feverishness ensues.

Nature.—A peculiar change of structure of the conjunctiva of the eyelids is the primary and characteristic effect of this contagious ophthalmia; this alteration is not the effect of inflammation, but, on the contrary, is the first manifestation of the disease, and the cause of inflammation, when the disorder spreads to the ball of the eye. The peculiar change of structure in the conjunctiva of the lids and its morbid swelling are the principal and constant phenomena; hence antiphlogistic treatment is by no means so serviceable as might be expected, if inflammation constituted the essential character of the disease. There is, indeed, high inflammation in the more severe cases, attended with chemosis; but this inflammation may be prevented by proper treatment, or may be controlled, and still the original complaint will proceed on its course and the change of structure go on. WALTHER says, that an eruption of small vesicles on the inner surface of the eyelids is always present in contagious purulent ophthalmia, and hence he considers the disease not so much an inflammation as an eruptive disease, or a form of *impetigo* of the conjunctiva.

This diseased state of the inside of the lids remains for an indefinite period after the inflammatory symptoms have subsided, and may lead, under occasional excitement, to the reproduction of the disorder in all its violence. No case can be considered cured until this state of the conjunctiva shall have been re-

moved; it may remain dormant under each of the eyelids for months, but in a state capable of infecting whole companies of soldiers or scholars. According to EBLE and MÜLLER, the first stage of the disease consists in the presence of small serous cysts, or phlyctenæ, on the surface of the conjunctiva of the lids, soon followed by thickening and granulation of the mucous membrane. When the granulations have just commenced, the conjunctiva of the lids appears like red velvet, or as if covered with red dust; in the higher gradations, like thickly-strewn millet seeds, or rough sand, or the granulations of a healing wound; these granulations, or rather vegetations, sometimes equal a large lentil, which is their utmost size. They exist in great numbers, arising from the lining of the lids by a broad basis, being rounded at their prominent part at first, but subsequently becoming flattened by pressure against the ball of the eye. The largest are toward the middle, the smaller toward the edges of the lids and the angles, especially the outer. Sometimes they lie so close together that they seem to form one mass, but close examination will discover the fissures, sometimes tolerably deep, which separate them. This granular structure is more developed under the upper than the lower lid, the wider surface of the former possessing a great extent of mucous glands, and being less exposed to the air and contact of remedies. *The principal effects of the disease* are:

1st. *Sloughing of the cornea*, especially when the swelling of the conjunctiva of the ball, and the chemosis is very great.

2d. *Bursting of the cornea.* A paroxysm of excruciating pain is suddenly terminated by a sensation of something giving way; a little hot fluid runs down the cheek, and great relief is experienced. Just before the cornea bursts, it may exhibit no perceptible alteration, and even after this has happened it may present so natural an appearance that the fissure may be overlooked. But VETCH has discovered at times, a small line extending across the cornea; the next day, a slight opacity appeared along the line, and increased daily, till the greater part of the cornea was not only opaque, but projected in an irregular cone. In fact, the aqueous humor at first escapes by a division of the cornea, nearly as clean as if cut by a knife, and it is to the attempts of the part to effect a reünion, under the presence of disease, that future deformity is owing; as exten-

sive disorganization of the cornea by suppuration, or ulceration, is apt to set in.

3d. *Suppuration of the cornea.*

4th. *Ulceration of the cornea.*

5th. *Interstitial deposits*, forming opacities in every degree, from the thinnest film to the most dense leucoma.

6th. *Opacity of the cornea*, from cicatrization of ulcers.

7th. *Prolapsus of the Iris.*

8th. *Adhesion of the Iris to the cornea.*

9th. Loosening, sponginess, *vascularity and thickening* of the mucous membrane covering the cornea, with enlargement of its blood-vessels, and more or less diminution of its transparency. This change occurs in various degrees from slight vascularity to pannus.

10th. *Staphyloma*, general or partial; and dropsical enlargement of the ball of the eye; or collapse of its tunics. LAWRENCE.

Prognosis.—According to LAWRENCE, the disease is less manageable in adults than in infants or children; for the affection is more formidable, the danger to the eye greater, and the issue more uncertain. If the cornea retains its natural transparency, we may hope to arrest the disease, and save the eye, by prompt and vigorous treatment. If the cornea be dim, with deep-seated pain in the eye or head, the inflammation has extended to the ball of the eye, and the result is doubtful. After partial suppuration, considerable ulceration, or interstitial deposition, recovery of sight may take place.

Treatment.—LAWRENCE, RUST, and MULLER place great stress upon the use of cold water, with which the eyes may not only be frequently cleansed, but it may also be applied with benefit as a lotion, by means of linen rags dipped in it, and laid not only over the eyes and lids, but also over the forehead. In the severer forms of the disease, WALTHER applied cloths dipped in cold water, not only to the eyes and forehead, but also to the entire head, with the greatest benefit. Confinement to the house does not seem advantageous at any period of the complaint, while free exposure of the inflamed eye to cool air, and even exercise, instead of being hurtful, as patients and their friends suppose, has been found decidedly beneficial. DR. VETCH is even disposed to recommend the trial of a journey,

in the commencement of the disease, if the eye be freely exposed to the air, and the weather favorable, that is, not too exceedingly hot and sunny. He says, that when the second stage has commenced, with chemosis and purulent secretion, he has never seen any but the best effects from change of place. "Soldiers who have commenced a march with the disease completely formed, though exposed to heat, dust, and fatigue, and not abstaining even from intoxication, are invariably better at the end of the journey than when they set out." LAWRENCE can adduce innumerable observations to the same effect. MURRAY was so convinced of the beneficial effects of exposure to the air, that he was induced to march the soldiers about from one place to another, with a view solely to the good effects which he saw result from it.

Warm fluids, fomentations, poultices, and steam, increase the heat and augment the vascular disturbance; still, tepid ablutions are sometimes agreeable and useful.

The most homœopathic remedies are Rhus, Cantharides, Tartar Emetic, Clematis, Cannabis, Euphorbium, and Mezereum. Of these, Rhus and Hepar. Sulphur are generally the most useful. The Hepar. Sulph. 1st, 2d, or 3d trituration, should be given every night and morning; and the Rhus, tincture, 1st, 2d, or 3d dilution, may be given every 2, 4, 6, or 8 hours, according to the severity of the symptoms.

Euphorbium may be used when there is a severe inflammation of both lids, with violent itching and irritation, but with a rather pale swelling and profuse secretion of pus.

Local applications are said to be required at an early stage of the disease. LAWRENCE says that a solution of Alum is the first and most useful; other allopathic physicians prefer Nitrate of Silver and Sulphate of Copper, while BRIGGS has found the Oil of Turpentine to be the most effectual means of checking the profuse discharge in purulent ophthalmia; he introduces a minute quantity, on the point of a camel's-hair pencil, between the eyelids every morning, the eye being immediately afterward immersed, or bathed freely with cold water and a sponge, until the uneasiness and sense of heat which it produces in the eye and surrounding parts, is allayed, which usually requires some minutes. These applications are quite homœopathic enough, but a weak solution of Tartar Emetic is

still more so, and in a few cases I have found it the most useful one; it is decidly homœopathic to pustular, purulent, and suppurative inflammation; has a well-earned old- and new-school reputation against inflammation in general, and is certainly not more irritating than Turpentine and Nitrate of Silver, which have been found very useful.

Still, I prefer, as a general rule, a solution of Kali Chlor., or Kali Carb., or Kali Hydriod., to be used several times a day for 3 days; these, although they will not decidedly check the profuse purulent discharge, will alter its character, render it less noxious, thick, and purulent; and then a weak solution of Alum, Sulph.-zinc, or Nitrate of Silver, will exert a much more rapid and permanent beneficial effect, than if they had been used without this previous preparation.

My friend, Dr. W. S. STEWART and myself treated over 40 cases of purulent ophthalmia in children, at the Home for the Friendless, without the loss of a single eye, although 3 or 4 cases proved exceedingly intractable. Two adults were not quite so fortunate, as one lost one eye, and the other had an eye partially damaged although a fair amount of vision remained.

In chronic cases, Sulphur, Hepar. Sulph., and Calcarea have proved practically useful.

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